

**ENCLOSURE 1
FORMS AND WORKSHEETS**

Forms and Worksheets

**Forms and
Worksheets**

This is a listing of forms and worksheets as they appear in this Enclosure. All of the worksheets and forms contained in this Enclosure are for local reproduction.

Form Number	Form Name
DD Form 2494	Uniformed Services Active Duty Dependent Dental Plan (DPP) Enrollment Election
DD Form 2494-1	Supplemental Uniformed Services Active Duty Dependent Dental Plan (DPP) Enrollment Form
DD Form 2648	Preseparation Counseling Checklist
CG-5489	Waiver/Remission Application
CG-5489A	PERSRU's Endorsement Waiver/Remission Application
CG-5489B	Financial Statement
CG HRSIC-1160	Centralized First Term Reenlistment Review (CFTRR), Application
CG HRSIC-1900	Retired Pay Projection Request
CG HRSIC-2000	PCS Departing/Separation Worksheet
CG HRSIC-2001	Departing TDY or PCS/TEM DUINS to "A" School Worksheet
CG HRSIC-2003	PCS (JFTR, Chap5) Entitlements Worksheet
CG HRSIC-2005	PCS Reporting Worksheet
CG HRSIC-2010	Advances Worksheet
CG HRSIC-2015	Pay Delivery Worksheet
CG HRSIC-2020	Dependency Worksheet
CG HRSIC-2020A	Support Statement
CG HRSIC-2020B	Full-Time Student Statement
CG HRSIC-2020C	Former Spouse Statement
CG HRSIC-2025	BAH/Housing Worksheet
CG HRSIC-2030	Career Development Worksheet

Continued on next page

ENCLOSURE 1
FORMS AND WORKSHEETS

Forms and Worksheets, Continued

**Forms and
Worksheets,
continued**

This is a listing of the forms and worksheets as they appear in this Enclosure, continued:

Form Number	Form Name
CG HRSIC-2035	Family Separation Allowance (FSA) Worksheet
CG HRSIC-2040	Allotment Worksheet
CG HRSIC-2045	Career Intentions Worksheet
CG HRSIC-2050	Nonreceipt Worksheet
CG-HRSIC-2055A	Reserve Retirement Transfer Request
CG HRSIC-2060	Bond Worksheet
CG HRSIC-2070	TDY Travel Request Worksheet
CG HRSIC-5100	Officer Uniform Allowance Claim Worksheet
CG HRSIC-7210	Designation as Payment Approving Official (PAO)

TRICARE - ACTIVE DUTY FAMILY MEMBER DENTAL PLAN (FMDP) ENROLLMENT ELECTION**PRIVACY ACT STATEMENT**

AUTHORITY: 10 USC 55, 1076A (Dental Plan), 5 USC 552a and EO 9397.
PRINCIPLE PURPOSE: Used by applicant to apply for dental insurance coverage of family members.
ROUTINE USES: None
DISCLOSURE: Voluntary; however, failure to furnish all information could delay or prevent enrollment in the FMDP.

INSTRUCTIONS

IMPORTANT: FMDP ENROLLMENT AND CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING FMDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR FAMILY MEMBERS' ID CARD.

NOTE: CHANGES IN FAMILY STATUS (gains and losses) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING DD FORM 1172, "Application for Uniformed Services Identification Card - DEERS Enrollment."

FMDP Enrollment is for a minimum of two (2) years, unless:

- (1) Family members lose their CHAMPUS eligibility in DEERS; or
- (2) Sponsor and family members transfer OCONUS to an area where FMDP is not available and the sponsor voluntarily elects to disenroll all enrolled family members; or
- (3) Sponsor and enrolled family members transfer to a uniformed services installation that offers space available family member dental care; or
- (4) Sponsor and family members are returning from an overseas location where FMDP is not available and the sponsor has between 12 and 23 months remaining in the uniformed service.

All family members must be enrolled if any members are enrolled, except:

- (1) Sponsors with one (1) family member age 4 or older and one (1) family member under 4 may elect to enroll as a single premium with only the family member age 4 or older being eligible for the FMDP; or
- (2) Family members residing in two or more physically separate locations and only the family members in one or more locations are to be enrolled. Those family members may be enrolled in the FMDP using DD Form 2494-1, "Supplemental TRICARE - Active Duty Family Member Dental Plan (FMDP) Enrollment Election."

REMINDER: The FMDP is a "prepaid" plan, which means deduction from your pay must be made in advance of coverage. Coverage for enrolled CHAMPUS eligible family members shall begin the first day of the month following receipt of this form by your personnel activity. For example, if the form is completed in January, coverage begins February 1. However, it is important to note that processing of the enrollment information may take 30 days or more. This means that even though family members are eligible for coverage, a premium deduction may not appear on your LES during the first or second month of enrollment. Premium deductions will be made retroactive to the month the form was completed. It also means that the contractor may not be able to confirm eligibility if family members visit a dentist soon after they are enrolled.

Claims for enrolled family members cannot be paid by the contractor until enrollment information is received from the government. If a claim is denied because the contractor cannot verify eligibility, that does not necessarily mean these services will not be covered. Once eligibility verification has been received, the family member or dentist can request reprocessing of the denied claim by calling or writing the contractor.

SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION

1. SPONSOR'S NAME (LAST, First, Middle Initial)	2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE
4. SPONSOR'S UNIT		5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD)

SECTION II - COVERAGE INFORMATION

6. ELECTION OF COVERAGE (Enrollment activity must do a DEERS check of family member(s) records and also verify the information below.)

a. SINGLE PREMIUMS (X the block that describes your enrollment election.)		b. FAMILY PREMIUMS (X this block if you have more than one family member eligible regardless of the family members' ages.)	
1	I have a sole (1) family member age four (4) or older for whom I am electing coverage. I have no other family members	2	I have more than one (1) family member for whom I am electing coverage.
3	I have a sole (1) family member under age (4) for whom I am electing coverage. I have no other family members.	NOTE: If the above block is marked, all eligible family members regardless of age will be enrolled.	
1	I have a sole (1) family member age four (4) or older for whom I am electing coverage and one (1) or more family members under age four (4) for whom I am not electing coverage.		

SECTION II - COVERAGE INFORMATION <i>(Continued)</i>	
6.c. SPONSORS WITH 12 TO 23 MONTHS RETENTION RETURNING FROM AN OCONUS AREA WHERE FMDP WAS NOT AVAILABLE:	
NOTE: The following enrollment codes may only be used for sponsors enrolling family members returning from an OCONUS area where FMDP was not available. If the family members did not accompany the sponsor on the OCONUS tour, the sponsor may not enroll the family members.	
R	OCONUS Returnee. I have a sole (1) family member for whom I am electing coverage. I have no other family members age four (4) or older.
S	OCONUS Returnee. I have more than one (1) family member for whom I am electing coverage.
7. TERMINATION OF COVERAGE <i>(Service enrolling activity must cite appropriate documentation to ensure termination conditions are understood and met.)</i> All terminations due to changes in eligibility for benefits as determined by DEERS will be processed automatically through the system. This type of change will not require action on the part of the sponsor except to ensure the accuracy of his/her DEERS record. Place and X in the block describing your reason for disenrollment.	
a. MY FAMILY MEMBERS HAVE BEEN ENROLLED IN THE FAMILY MEMBER DENTAL PLAN FOR AT LEAST TWO YEARS <i>(Verified by DEERS, Personnel or Finance file).</i>	
A	(1) I am dissatisfied with the benefits package.
B	(2) I am dissatisfied with claims processing.
C	(3) I am dissatisfied with the quality of dental treatment received.
D	(4) I am dissatisfied with the premium amount I pay.
E	(5) I am satisfied, but wish to disenroll for personal reasons.
b. I HAVE CHANGES MY DUTY STATION:	
F	(6) OCONUS to areas where FMDP is not available.
G	(7) To an installation with space available family member dental care.
8. STATEMENT OF UNDERSTANDING I have checked my family member information in DEERS and verified the accuracy of the DEERS information. I understand that changes in family size from one or two or more eligible family members <i>(or the reverse)</i> will result in an automatic change in enrollment status and an automatic change in premium. I also understand I may not terminate enrollment based on a change in family size. If my DEERS record indicates a family member is no longer eligible, a change will occur automatically with no action on my part. I further understand that the premium rate for this program is subject to change. I also understand that during the two year minimum enrollment period I cannot disenroll due to a change in premium rate. I understand that enrollment in FMDP automatically terminates the last day of the month of active duty or upon termination of basic pay. I authorize payroll deduction to be taken from my pay based upon the information in DEERS.	
a. SPONSOR SIGNATURE	
b. DATE SIGNED (YYMMDD)	
9. WITNESSING OFFICIAL <i>(Give the sponsor a signed copy of this form.)</i>	
a. NAME <i>(Last, First, Middle Initial)</i>	
b. GRADE	
c. SIGNATURE	
d. DATE SIGNED (YYMMDD)	
10. REMARKS	

**SUPPLEMENTAL TRICARE - ACTIVE DUTY FAMILY MEMBER DENTAL PLAN (FMDP)
ENROLLMENT ELECTION**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 55, 1076A (Dental Plan), 5 USC 552a and EO 9397.
PRINCIPLE Used by applicant to apply for dental insurance coverage of family members.
PURPOSE: None
ROUTINE USES: Voluntary; however, failure to furnish all information could delay or prevent enrollment in the FMDP.
DISCLOSURE:

CONDITIONS

This form should only be completed when:

- (1) Family members are residing in two or more physically separate locations, and only the family members in one or more of the locations are to be enrolled; or
- (2) There are not family members age four (4) or older and more than one (1) family member under age four (4) and the sponsor elects to enroll the eldest family member; or
- (3) A sponsor with enrolled family members elects to disenroll some, but not all, enrolled family members based on the enrollment exceptions listed below.

INSTRUCTIONS

IMPORTANT: FMDP ENROLLMENT AND CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING FMDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR FAMILY MEMBERS' ID CARD.

NOTE: CHANGES IN FAMILY STATUS (gains and losses) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING DD FORM 1172, "Application for Uniformed Services Identification Card - DEERS Enrollment."

FMDP Enrollment is for a minimum of two (2) years, unless:

- (1) Family members lose their CHAMPUS eligibility in DEERS; or
- (2) Sponsor and family members transfer OCONUS to an area where FMDP is not available and the sponsor voluntarily elects to disenroll all enrolled family members; or
- (3) Sponsor and enrolled family members transfer to a uniformed services installation that offers space available family member dental care; or
- (4) Sponsor and family members are returning from an overseas location where FMDP is not available and the sponsor has between 12 and 23 months remaining in the uniformed service.

A copy of the completed form must be mailed to: DEERS Support Office, ATTN: DN99, 2511 Garden Road, Monterey CA 93940-5330. The DEERS Support Office will send the sponsor a letter confirming receipt and processing of the form.

REMINDER: The FMDP is a "prepaid" plan, which means deduction from your pay must be made in advance of coverage. Coverage for enrolled CHAMPUS eligible family members shall begin the first day of the month following receipt of this form by your personnel activity. For example, if the form is completed in January, coverage begins February 1. However, it is important to note that processing of the enrollment information may take 30 days or more. This means that even though family members are eligible for coverage, a premium deduction may not appear on your LES during the first or second month of enrollment. Premium deductions will be made retroactive to the month the form was completed. It also means that the contractor may not be able to confirm eligibility if family members visit a dentist soon after they are enrolled.

Claims for enrolled family members cannot be paid by the contractor until enrollment information is received from the government. If a claim is denied because the contractor cannot verify eligibility, that does not necessarily mean these services will not be covered. Once eligibility verification has been received, the family member or dentist can request reprocessing of the denied claim by calling or writing the contractor.

SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION			
1. SPONSOR'S NAME (LAST, First, Middle Initial)		2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE
4. SPONSOR'S UNIT		5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD)	
SECTION II - COVERAGE INFORMATION			
6. ELECTION OF COVERAGE (Use additional copies of this form if needed for enrolling more family members.)			
5		I have one (1) geographically separated family member for whom I am electing coverage.	
6		I have more than one (1) geographically separated family member for whom I am electing coverage.	
SPONSORS WITH 12 TO 23 MONTHS RETENTION RETURNING FROM AN OCONUS AREA WHERE FMDP WAS NOT AVAILABLE: NOTE: These enrollment codes may only be used for sponsors enrolling family members returning from an OCONUS area where FMDP was not available. If the family members did not accompany the sponsor on the OCONUS tour, the sponsor may not enroll the family members.			
T		OCONUS Returnee. I have a one (1) geographically separated family member for whom I am electing coverage	
U		OCONUS Returnee. I have more than one (1) geographically separated family member for whom I am electing coverage.	
NAME (LAST, First, Middle Initial) a.		FULL CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) b.	DATE OF BIRTH (YYMMDD) c.
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
7. STATEMENT OF UNDERSTANDING I have checked my family member information in DEERS and verified the accuracy of the DEERS information. I understand that I must complete a new enrollment form if I want to change the enrollment status of my family members (such as adding family members not listed on this form). I also understand I may not terminate enrollment based on a change in family size. If my DEERS record indicates a family member is no longer eligible, a change will occur automatically with no action on my part. I further understand that the premium rate for this program is subject to change. I also understand that during the two year minimum enrollment period I cannot disenroll due to a change in premium rate. I understand that enrollment in FMDP automatically terminates the last day of the month of active duty or upon termination of basic pay. I authorize payroll deduction to be taken from my pay based upon the information in DEERS and my coverage election specified above.			
a. SPONSOR SIGNATURE		b. DATE SIGNED (YYMMDD)	
9. WITNESSING OFFICIAL (Give the sponsor a signed copy of this form.)			
a. NAME (Last, First, Middle Initial)	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYMMDD)

PRESEPARATION COUNSELING CHECKLIST

(Please read Privacy Act Statement below before completing this form)

SECTION I – PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1142, E.O. 9397.

PRINCIPAL PURPOSE(S): To record preseparation services and benefits requested by and provided to Service members; to identify preseparation counseling areas of interest as a basis for development of an individual Transition Plan (ITP). The signed preseparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

Section II. PERSONAL INFORMATION (To be filled out by all applicants)

1. NAME (Last, First, Middle Initial)	2. SSN	3. GRADE		
4. SERVICE	5. DUTY STATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">6. EXPECTED SEPARATION DATE (YYYYMMDD)</td> <td style="width: 50%; padding: 5px;">7. DATE CHECKLIST PREPARED (YYYYMMDD)</td> </tr> </table>	6. EXPECTED SEPARATION DATE (YYYYMMDD)	7. DATE CHECKLIST PREPARED (YYYYMMDD)
6. EXPECTED SEPARATION DATE (YYYYMMDD)	7. DATE CHECKLIST PREPARED (YYYYMMDD)			

SECTION III. ALL TRANSITIONING SERVICE MEMBERS MUST READ AND SIGN.

I was offered preseparation counseling on the above date (item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC 1142.

I ☐ accept ☐ decline (X appropriate block) further transition assistance counseling. (If you declined further transition assistance counseling, sign and date.) I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).

8a. SERVICE MEMBER SIGNATURE	b. (YYYYMMDD)
9a. TRANSITION COUNSELOR SIGNATURE	b. (YYYYMMDD)

SECTION IV. Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified:

	SERVICE MEMBER			SPOUSE			REFERRED TO (INPUT IS OPTIONAL)
	YES	NO	N/A	YES	NO	N/A	
10. INDIVIDUAL TRANSITION PLAN (ITP)							
11. EFFECTS OF A CAREER CHANGE							
12. EMPLOYMENT ASSISTANCE							
a. Dept. of Labor sponsored Transition Assistance Program and Service sponsored Transition Seminars/Programs							
b. Use of DD Form 2586 (Verification of Military Experience and Training)							
c. DoD Job Search (dod.jobsearch.org) and Public and Community Service (PACS)							
d. Transition Bulletin Board (TBB)							
e. Teacher and Teacher's Aide Opportunities							
f. Federal Employment Opportunities							
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (VSI, SSB, Eligible Involuntary Separates)							
h. State Employment Agencies/America's Job Bank							
4. RELOCATION ASSISTANCE *Note: Status of Forces Agreement limitation apply for overseas Service members.							
a. Permissive (TDY/TAD) and Excess leave							
*b. Travel and Transportation Allowances							
*c. Military family housing extension (VSI, SSB, and Eligible Involuntary Separates)							
*d. Commissary, exchange benefits extension, and MWR Privileges (VSI, SSB, Eligible Involuntary Separates)							
*e. DODDS school extension (Eligible Involuntary Separates)							

PRESEPARATION COUNSELING CHECKLIST SECTION IV (Continued)		NAME (Last, First, Middle Initial)						SSN
		SERVICE MEMBER			SPOUSE			REFERRED TO (Input is optional)
		YES	NO	N/A	YES	NO	N/A	
14. EDUCATION/TRAINING								
a. Education Benefits (Montgomery Bill Veterans Education Assistance Program, Vietnam-era. etc.)								
b. Job Training Partnership Act (JTPA)								
c. Additional education or training options								
15. HEALTH AND LIFE INSURANCE								
a. 60-day or 120-day extended Military and limited Dental Benefits (VSI, SSB, Eligible Involuntary Separates)								
b. Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health Insurance.								
c. Veterans' Group Life Insurance								
16. FINANCES								
a. Financial Management								
b. Separation pay (VSI, SSB, Eligible Involuntary Separates Only)								
c. Unemployment compensation								
d. Other financial assistance (VA loans, SBA loans, and other government grants and loans)								
17. RESERVE AFFILIATION/PRIORITY								
18. DISABLED VETERANS								
a. Disabled Transition Assistance Program (DTAP)								
b. VA Disability Benefits								
<p>As a separating Service member, after receiving basic preseparation information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an ITP and counseling based on the areas of interest you have identified on the checklist. The preseparation checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of an ITP is to identify educational, training, and employment objectives and to develop a plan to achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.</p>								
SECTION V - REMARKS								

Department of Transportation U. S. Coast Guard CG -5489 (4-88)	<h2 style="margin: 0;">WAIVER/REMISSION APPLICATION</h2>		
<p>Privacy Act Statement: This information is collected under 10 USC 2774, 14 USC 461, and EO 9397 and is used when waiving collection of erroneous payments or remission of indebtedness. The information may be provided to the Comptroller General and disclosure, including social security number, is voluntary. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.</p>			
Part I: MEMBER REQUEST FOR WAIVER/REMISSION			
<p>INSTRUCTIONS: Submit this application via your unit commanding office and PERSRU. Your PERSRU will mail the completed application to the Human Resources Service and Information Center. Attach enclosures that support or clarify your request. Answer all pertinent questions. Use a typewriter or print clearly in ink.</p>			
1. Name (Last, First, M. I.)	2. SSN	3. Rank/Rate	4. Date of Separation
5. Ship/Station/Unit (including mailing address)			
6. Enclosures:			
<div style="display: flex; justify-content: space-between;"> 7. Application is submitted for consideration as a _____ Waiver _____ Remission </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Amount of original debt/erroneous payment \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Amount repaid \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Amount for which waiver/remission is requested \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Refund of previous collections desired _____ Yes _____ No </div>			
	YES	NO	(Check appropriate block)
8.			Did you receive LESs during the period of erroneous payment?
9.			Did you review LESs during the period of erroneous payment?
10.			Did these LESs show the erroneous payment? (If yes, attach copies of LESs)
11.			Do you desire a refund of the amount repaid if request approved under 10 USC 2774?
12.			Do you request waiver or remission of the entire debt?
13.			Will repayment of this debt result in extreme financial hardship? (If yes, attach a completed financial statement)
14.			Did you know or suspect you were overpaid? (If yes, explain in item 18)
15.			Has debt or erroneous payment been explained to your satisfaction?
16.			Have you been provided with a written description of the debt/erroneous payment?
17. Date and means by which you were notified of indebtedness or erroneous payment. (When, how, and by whom.) Provide a copy of written notification.			

18. Explain in your own words and to the best of your knowledge, as clearly and concisely as you can, what happened. Include such facts as the cause of your debt or overpayment, the period involved, and your understanding of the entitlements concerned. State any recollection of when, how, and to whom you voiced your knowledge or suspicion of error, and any other efforts you may have made to have the error corrected.

I certify the above information is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both.

19. Signature

20. Date

Part II COMMANDING OFFICER'S ENDORSEMENT

1. I have reviewed the member's application and circumstances surrounding the indebtedness or erroneous payment.
2. I recommend the application be (denied/approved) in the amount of \$_____. The basis of this recommendation is as follows:

Signature

Rank/Rate

Date

Name and Title

Department of Transportation U. S. Coast Guard CG -5489A (Rev. 01-98)		PERSRU'S ENDORSEMENT OF WAIVER/REMISSION APPLICATION	
APPLICANT IDENTIFICATION			
1. Name (Last, First, M. I.)		2. SSN	3. Rank/Rate
4. Date of Separation			
5. Ship/Station/Unit (including mailing address)			
	YES	NO	(Check appropriate block)
6.			Has validity of debt or erroneous payment been verified?
7.			Does member's pay account reflect the indebtedness as described?
8.			Does member request consideration based on financial hardship? (If yes, is financial statement attached? _____ Yes _____ No)
9. Provide an analysis of how amount of debt was determined. Identify specific items of pay/allowances, monthly rates and inclusive dates. Indicate any entitlements or credits used to offset debt (e.g., BAH(wo) vice BAH(w)). Attach a copy of LESSs if not provided by member for the period of overpayment.			

Continued on reverse→

10. Furnish a complete explanation of the reason the debt occurred (e.g., administrative error, regulation change, incomplete/erroneous documents, etc.).

11. Do you think the member knew or should have reasonably been aware of this debt before the notification date? If yes, specify actions the member could have taken to report and/or correct the situation(s) leading to the debt. If the member did take action to report and/or correct the situation(s) leading to the debt prior to notification, why was corrective action not taken at that time (e.g., explain why PMIS documents not submitted timely, identify improper procedures, etc.).

Signature

Name and Title

Rank/Rate

Date

Department of Transportation U. S. Coast Guard CG -5489B (Rev. 01-98)		<h1 style="text-align: center;">FINANCIAL STATEMENT</h1>	
Privacy Act Statement: This information is collected under 10 USC 2774, 14 USC 461, and EO 9397 and is used when considering remission of indebtedness. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.			
Part I: INFORMATION COMPLETED BY MEMBER			
Name (Last, First, M. I.)		Rank/Rate	SSN
DEPENDENTS			
NAME AND ADDRESS	AGE	RELATIONSHIP	% OF SUPPORT
APPLICANT'S MONTHLY INCOME AND EXPENSES			
MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Basic Pay	\$	FITW	\$
Basic Allowance for Housing		SITW	
Basic Allowance for Subsistence		FICA Tax	
Aviation Career Incentive Pay		Rent/House Payment	
Career Sea Pay		Utilities	
Clothing Maintenance Allowance		Telephone	
Other (Specify)		Food	
		Clothing	
		Insurance	
		Car Expenses (Operating)	
Total	\$	School	
MONTHLY INSTALLMENT PAYMENT		Medical/Dental	
Item	Expires	Amount	Forfeitures of Pay
Car			Child Support/alimony
Furniture			Other (Specify)
Other (Specify)			Other (Specify)
Total		\$	Total
		\$	\$
RECAP OF TOTAL MONTHLY INCOME			
Total Pay and Allowances			\$
Total monthly installment payments		\$	
Total monthly expenses		\$	
Total monthly obligations (Installment payments and expenses)			\$
Net income (Total income less total monthly obligations)			\$

Spouse's net income	\$	OTHER ASSESTS	
Other net income	\$	Approximate value of any real estate owned other than home	\$
Applicant's net income (from page 1)	\$	Average balance of your bank account	\$
Total family net monthly income	\$	Approximate value of stocks, bonds and other securities	\$
		TOTAL	\$
I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement. 18 USC 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.			
SIGNATURE OF APPLICANT	DATE	Date application received by Member's Commanding Officer	
Part II: INFORMATION COMPLETED BY COMMANDING OFFICER			
Are amounts provided by the member reasonable for your locale? Explain any concerns you have with amounts reported.			
Do you believe hardship is an appropriate consideration in the member's application? Provide your opinion on the extent of hardship and recommend a monthly collection rate.			
Signature		Rank/Rate	Date
Name and Title			

Department of Transportation U. S. Coast Guard CG HRSIC-1160 (Rev. 09/98)	CENTRALIZED FIRST TERM REENLISTMENT REVIEW (CFTRR), APPLICATION																						
1. Name (last, first, MI)	2. Rate (MK3, SN, etc.)	3. SSN																					
4. Current Duty Station (DI/OPFAC)	5. Servicing PERSRU (DI/OPFAC/RU)																						
6. Work Phone (Including Area Code)	7. Home Phone (Including Area-Code)																						
8. I Request authorization to reenlist in the U. S. Coast Guard: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> YES </div> <div style="text-align: center;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> NO </div> </div>																							
9. Should I not be selected for retention by the CFTRR panel and retraining is offered, I desire retraining in the following area (only one category can be chosen - - should you not desire retraining, select category #6): <div style="display: flex;"> <div style="flex: 1;"> Choice: <input style="width: 80px; height: 60px; border: 1px solid black;" type="checkbox"/> </div> <table border="1" style="flex: 2; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Category</th> <th style="padding: 5px;">Classification</th> <th style="padding: 5px;">Rating Specialties</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1</td> <td style="padding: 5px;">Aviation</td> <td style="padding: 5px;">AD, AE, AM, ASM, AT</td> </tr> <tr> <td style="padding: 5px;">2</td> <td style="padding: 5px;">Engineering</td> <td style="padding: 5px;">DC, EM, MK</td> </tr> <tr> <td style="padding: 5px;">3</td> <td style="padding: 5px;">Operations</td> <td style="padding: 5px;">BM, MST, QM</td> </tr> <tr> <td style="padding: 5px;">4</td> <td style="padding: 5px;">Technical</td> <td style="padding: 5px;">ET, FT, GM, RD, RM, TT</td> </tr> <tr> <td style="padding: 5px;">5</td> <td style="padding: 5px;">Pers Support</td> <td style="padding: 5px;">HS, PA, SK, FS, YN</td> </tr> <tr> <td style="padding: 5px;">6</td> <td style="padding: 5px;">Not Applicable</td> <td style="padding: 5px;">Do not desire retraining</td> </tr> </tbody> </table> </div>			Category	Classification	Rating Specialties	1	Aviation	AD, AE, AM, ASM, AT	2	Engineering	DC, EM, MK	3	Operations	BM, MST, QM	4	Technical	ET, FT, GM, RD, RM, TT	5	Pers Support	HS, PA, SK, FS, YN	6	Not Applicable	Do not desire retraining
Category	Classification	Rating Specialties																					
1	Aviation	AD, AE, AM, ASM, AT																					
2	Engineering	DC, EM, MK																					
3	Operations	BM, MST, QM																					
4	Technical	ET, FT, GM, RD, RM, TT																					
5	Pers Support	HS, PA, SK, FS, YN																					
6	Not Applicable	Do not desire retraining																					
10. Member's Signature		11. Date																					
12. Command Endorsement: In accordance with applicable Coast Guard directives: <div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> Yes - - This member is eligible/recommended for Reenlistment <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> No - - This member is not eligible/recommended for Reenlistment (Refer to Chapter 3.B of this manual and 12.B.5 of the PERSMAN, COMDTINST M1000.6A, for additional requirements) </div>																							
13. Commanding Officer's Signature		14. Date																					
15. Return completed application to: COMMANDER (epm-1) COAST GUARD PERSONNEL COMMAND ROOM 4415, ATTN: CFTRR PANEL 2100 SECOND ST., S.W. WASHINGTON, DC 20593-0001 																							

(reverse blank)

Department of Transportation U. S. Coast Guard CG HRSIC-1900 (Rev. 04-00)		<h1 style="text-align: center;">RETIRED PAY PROJECTION REQUEST</h1> <p style="text-align: center;">(For online information go to http://www.uscg.mil/hq/hrsic/retirementEst.htm)</p>	
SSN	Name (Last, First, MI)		Rank/Rate
Address		Work Phone	Home Phone
Date You Intend to Retire	Pay Base Date	Active Duty Base Date	
Marital Status & Number of Exemptions for Federal Tax _____ (if none, we will use S-1)			
Survivor Benefit Plan (SBP) Coverage Desired			
I want SBP to cover the following person(s)		I want my survivor(s) to receive coverage at the following level (check one):	
<input type="checkbox"/>	My spouse only	<input type="checkbox"/>	Maximum Basic Coverage - 55% of my full retired pay until my spouse reaches age 62 then 35% of my full retired pay from age 62 on
<input type="checkbox"/>	My spouse & child(ren)	<input type="checkbox"/>	Maximum Supplemental Coverage - 55% of my full retired pay for life
<input type="checkbox"/>	My child(ren) only	<input type="checkbox"/>	Partial Supplemental Coverage - 55% of my full retired pay until my spouse reaches age 62 then (circle a percentage) 50%, 45%, 40% of my full retired pay from age 62 on
<input type="checkbox"/>	My former spouse	<input type="checkbox"/>	Minimum Coverage Allowable - I want to insure \$300.00 of my retired pay, to provide an annuity of \$165.00 per month until my spouse reaches age 62, then \$105.00 per month from age 62 on
<input type="checkbox"/>	My former spouse & my child(ren) of my former spouse	<input type="checkbox"/>	
<input type="checkbox"/>	Insurable interest) (other relative, friend, etc.)	<input type="checkbox"/>	Between the Maximum and Minimum - I want to insure \$_____ of my retired pay to provide an annuity of 55% of this amount to my survivors until my spouse reach age 62, then 35% of this amount from age 62 on
<input type="checkbox"/>	I desire no SBP coverage	<input type="checkbox"/>	
Your Date of Birth		Spouse's Date of Birth	Your Youngest Child's Date of Birth
PRIVACY ACT STATEMENT AUTHORITY 10 USC 1447-1460, 14 USC 423 PRINCIPAL PURPOSES: To obtain a projection of military retired pay entitlements DISCLOSURE Voluntary.			Member's Signature Date
FOR HRSIC USE ONLY <div style="float: right; text-align: right;"> All dollar amounts listed are estimates. All calculation are based on pay rates effective _____. </div>			
Monthly Gross Retired Pay (Computed on Base Pay of \$ _____ X _____%)			
SBP Spouse cost (Computed on SBP Base of \$ _____) (Cost = 6.5% of Base amount) or (Cost = 2.5% of \$ _____ + 10% of \$ _____)			
SBP Child cost (Computed on SBP Base of \$ _____ X \$ _____%)			
SBP Insurable Interest cost (Cost = 10% X \$ _____ + _____% of \$ _____)			
SBP Supplemental cost (Post age 62 coverage) (Computed on SBP Base of \$ _____ X _____%)			
SBP Annuity until Spouse reaches age 62 (Computed on SBP Base of \$ _____ X 55%)			
SBP Annuity of Spouse after age 62 (Computed on SBP Base of \$ _____ X _____%)			
Monthly Federal Tax (FITW)			
Monthly Net (take home) Retired Pay			

*Note: When requesting advance travel or DLA, complete and attach an Application for Advance of Funds (form SF-1038)

Instructions:

Complete all spaces. The bottom section will be completed by HRSIC

Full Name	Self-explanatory		
Address	Enter current address mailing address HRSIC will use this address when returning the form		
SSN	Self-explanatory		
Rank/Rate	Self-explanatory		
Current Duty Station	Self-explanatory		
Work Phone	Self-explanatory		
Home Phone	Self-explanatory		
Date You Intend to Retire	Self-explanatory		
Pay Base Date	Enter date shown in block 3 on your LES		
Active Duty Base Date	Enter date shown in block 4 on your LES		
Marital Status	Self-explanatory		
Survivor Benefit Plan (SBP) Coverage Desired	Check which person(s) you want covered and which coverage desired		
Date of Birth	Self-explanatory		
Spouse's Date of Birth	Enter spouse's date of birth. If you check the insurable interest block in the SBP coverage section, enter the date of birth of the insurable interest person		
Child's Date of Birth	Enter your youngest child's birth date Enter none if no children		
Signature	Self-explanatory		
Date	Self-explanatory		
HRSIC USE ONLY	HRSIC (RAS) will compute your estimated retired pay (based on current pay rates) and enter the member's projected retired pay in spaces provided. The form will be returned to you with estimated pay projection.		
Member's Signature	Date:	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2000 (Rev. 5-00)		<h2 style="margin: 0;">PCS Departing/Separation Worksheet</h2>																
SSN	Name (Last, First, MI)	Permanent Unit																
UNIT COMPLETE THIS SECTION																		
PURPOSE: Use this form to request PCS/Separation entitlements and provide information needed for completion of Official Travel Orders. If you have any questions, ASK YOUR YEOMAN.																		
New Duty Station (PCS only)	Authorized Proceed Time (PCS only)	Authorized Travel Time																
Date to report _____ or date to depart _____ (as specified by transfer order)																		
<i>Note: This block for PCS only.</i> Does member meet obligated Service as required in PERSMAN Art 4-C? _____ yes _____ no (If no, complete and attach a Career Intentions Worksheet, CG-HRSIC-2045) Does member meet all requirements for PCS as required in PERSMAN Art. 4-B-1? _____ yes _____ no Does member meet weight standards IAW COMDTINST 1020.8C? _____ yes _____ no																		
MEMBER COMPLETE THIS SECTION																		
Departure Date Requested: _____ No. of Days Leave Requested: _____ Current leave balance: _____		Leave Address/Phone No. <div style="border: 1px solid black; height: 100px;"></div>																
DEPENDENTS TRAVELING																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Dependent Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 20%;">DOB/DOM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Dependent Name	Relationship	DOB/DOM													<div style="border: 2px solid black; padding: 5px; background-color: #f0f0f0;"> CAUTION: ONLY REQUEST DEPENDENT TRAVEL ADVANCES FOR CONFIRMED MEMBERS OF YOUR FAMILY WHO WILL ACTUALLY TRAVEL TO YOUR NEW PDS. OTHERWISE DELAY RECEIPT OF SUCH DEPENDENT TRAVEL ADVANCES AND DLA UNTIL TRAVEL IS CONFIRMED. </div>		
Dependent Name	Relationship	DOB/DOM																
. If dependents are traveling on a different date than you, enter date: _____																		
POV INFORMATION																		
If traveling via POV, complete below (authorized two POV's) (may be authorized 3 POV's if requirements of U5205, JFTR are met)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Year</th> <th style="width: 40%;">Make/Model</th> <th style="width: 30%;">Tag Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Make/Model	Tag Number															
Year	Make/Model	Tag Number																
If shipping a POV (only authorized one) list locations: From _____ To _____ (Overseas or INCONUS with COMDT approval only) Enter year, make/ model and tag number above.																		
REQUEST FOR ADVANCES (SEPARATIONS AUTHORIZED MALT ADVANCES ONLY)																		
<input type="checkbox"/> Advance Pay	_____ # months requested (max. of 3); or, _____ specific amount requested	Liquidation period (12 months is max., 24 with CO approval due to hardship caused by PCS, see reverse): # of months _____																
<input type="checkbox"/> Advance Pay and Allowances Note: Advance can only cover missed paydays.																		
<input type="checkbox"/> *Advance Dislocation Allowance (DLA) Note: Single members must obtain certification that gov't qtrs are not available																		
<input type="checkbox"/> *Advance MALT plus Per Diem for POC Travel		From	To															
<input type="checkbox"/> *Advance Dependent MALT plus Per Diem		From	To															
<input type="checkbox"/> Government Procured Transportation <input type="checkbox"/> Mbr <input type="checkbox"/> Dpns		From	To															

*Note: When requesting advance travel or DLA, complete and attach an Application for Advance of Funds (form SF-1038)

Continued on reverse →

MISCELLANEOUS		
Do you currently live in government quarters? If yes, enter date you will terminate quarters _____	___ Yes	___ No
Do you hold a government Charge Card?	___ Yes	___ No
Do you hold a government Impact Visa card?	___ Yes	___ No
Household Goods	Contact your servicing Transportation Officer (T.O.P.S site) to arrange for shipment of household goods	
Temporary Lodging Expense (TLE) (PCS only)	Authorized to members and their dependents when it is necessary for them to occupy temporary lodging. TLE is authorized for a total of 10 days for CONUS to CONUS and OUTCONUS to CONUS transfers. TLE is authorized for a total for 5 days for CONUS to OUTCONUS transfers. TLE may be used before departing the old PDS, during the elapsed time between PDSs (not including travel days for which per diem is payable), after arrival at the new PDS, or a combination equal to the authorized total.	
Temporary Lodging Allowance (TLA) (PCS only)	Authorized to partially reimburse a member for the more than normal expenses incurred during occupancy of temporary lodgings and expenses of meals obtained as a direct result of using temporary lodgings outside the continental U. S. which do not have facilities for preparing and consuming meals. The overseas commander will determine if it is necessary for the member and/or dependent(s) to occupy temporary lodgings when they arrive at an overseas PDS. TLA may also be authorized upon departure from and overseas PDS for a period not to exceed 10 days.	
Advance Pay (PCS only)	A maximum of 3 months pay or specified amount not to exceed 3 months pay may be requested. Repayment of advance is by payroll deduction and will normally not exceed 12 months. Repayment of Advance Pay in excess of 12 months can only be authorized by your CO and only in the case of severe personal financial hardship caused by the PCS transfer. Attach your letter requesting repayment in excess of 12 months and your CO's endorsement to this worksheet.	
Advance Pay & Allowances (PCS only)	You must be absent over at least one payday while en route under PCS orders and you CANNOT BE ON DIRECT DEPOSIT . Your commanding officer must approve this request. Repayment will be made as accrued. This means one months advance pay and allowance will result in two missed paydays. The advance can only cover paydays that you will miss while en route.	
TRAVEL ADVANCES		
Refer to the Personnel and Pay Procedures Manual, HRSICINST M1000.2A. Compute entitlements by using the "PCS (JFTR, Chap5) Entitlements Worksheet, CG HRSIC-2003 located in Enclosure (1).		
Privacy Act Statement		
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member's intentions during travel to next permanent duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive advances.		
Member Initials _____: I understand that all travel advances applied for herein will be compared to actual travel performed when I submit my final PCS Travel Claim. If advances exceed entitlement for MBR or DEPN travel actually performed (or not), I can expect recoupment of such travel advance, including DLA.		
Member's Signature	Date:	For PERSRU Use Only Command Checklist for Overseas Screening verified by PERSRU Supervisor (if applicable): Initials: _____ Date: _____ <i>Action Completed</i> Initials: _____ Date: _____
Supervisor's Signature	Date:	
Department Head's Signature	Date:	
Command Approval	Date:	

Department of Transportation U. S. Coast Guard CG HRSIC-2001 (03-99)		DEPARTING TDY OR PCS/TEM DUINS TO “A” SCHOOL WORKSHEET	
SSN	Name (Last, First, MI)		Permanent Unit Departing From
Date Departing	“A” School Departing To		“A” School OPFAC
PURPOSE: Use this form for member’s ordered to class “A” school in addition to the form CG HRSIC-2000			
MEMBER’S UNIT (Part 1)			
Step	Verify	Completed	
1	Does member have a disqualifying condition (NJP, Court-Martial or Civil conviction, indebtedness).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Has member failed or refused a urinalysis drug test.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Has member received a Conduct mark below 3, or a characteristic average less than 3 in any dimension.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Is member physically qualified for transfer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Does member meet Coast Guard weight standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Does member meet obligated service requirements (if no, complete and attach a Career Intentions Worksheet CG HRSIC-2045)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Is a performance evaluation needed and been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Has the member been counseled on and received appropriate travel funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEMBER’S PERSRU (Part 2) Complete the following SDA II transactions as applicable			
9	Change BAH (P606) if member terminates government quarters.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10	Tax Information-Mailing Address (L6EB).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
11	Change Allotment Address (P800).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
12	Payment Option Election (L6GB).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
13	Obligated Service (Expiration of Enlistment/End of Service Event).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14	Depart/Report ADT (R990) for Reserve members on active duty less than 140 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
15	PCS Departing Event (L68B) for Reserve members on active duty 140 days or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
16	Advance Pay or Advance Pay and Allowances (H605).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
17	Administrative Change of PERSRU (D100/VDE 47) For TDY orders over 60 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
18	TDY Event (P620) upon departure for TDY over 60 days and mbr’s permanent unit provided RIK.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
19	Family Separation Allowance (L6BB) FSA-T after departure for TDY over 60 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
20	Leave Authorization (L63B) for TDY over 60 days to record leave enroute to “A” School.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
21	Stop Pay and Allowances (P625) to stop sea or foreign duty pay on 31 st day of TDY.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
22	TDY Event (P620) upon return from TDY (if mbr’s permanent unit subsistence entitlement was partial BAS).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
23	Family Separation Allowance (L6BB) stop FSA-T upon return from TDY, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
24	PCS Departing Event (L68B) for transfer to member’s new unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
25	Review and Mail PDR for member’s TDY over 60 days only.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
PRIVACY ACT STATEMENT In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard. Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member’s intentions during travel to next duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary; however, without disclosure the member may not receive advances or correct pay entitlements.			
Command/Unit Approval (Part 1 verified and complete)			Date
PERSRU Auditor Signature (Part 2 Review and Approval of transactions verified and complete)			Date

Department of Transportation U. S. Coast Guard CG HRSIC-2003 (Rev.4/00)		<h1 style="margin: 0;">PCS Travel Entitlements Worksheet</h1>																			
Name <i>(Last, First, MI)</i>		Permanent Unit:																			
PURPOSE: To calculate total PCS entitlements.		NEW PDS: <i>(city, state)</i> _____																			
REASON FOR TRAVEL: <i>(Check One)</i>																					
<input type="checkbox"/> Regular PCS <i>(Place "X" in applicable box)</i> **If you have depn, will they tvl at the same time <input type="checkbox"/> **If you have depn, will they tvl at a different time <input type="checkbox"/>	<input type="checkbox"/> RETIREMENT (Advance only if Home of Selection is provided; otherwise mileage only)	<input type="checkbox"/> SEPARATION <i>(RELAD or Discharge)</i> (Advance mileage only; per diem will be paid upon submission of travel claim)																			
DLA: <i>(Applicable rates are shown in JFTR, Part G, Table U5G-1)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> With Dependents - payable when dependents relocate. Otherwise, at the without dependent rate if government quarters are not assigned at new unit. </div> <div style="width: 48%;"> Without Dependents - payable if <u>NOT</u> assigned to government quarters. Advance DLA cannot be paid unless confirmation is provided releasing you from mandatory assignment to government quarters at your new PDS. </div> </div> <div style="margin-top: 10px;"> **NOTE: DLA is <u>NOT</u> payable when: ⇒ Member is assigned to First or Last PDS, IAW JFTR U5630.C ⇒ Member (with or without) dependent(s) does NOT relocate household goods. ⇒ Member E-4 & below who are without dependent are assigned to a Cutter. </div> <div style="text-align: right; margin-top: 10px;"> ENTER DLA AMOUNT = \$ _____ </div>																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AUTHORIZED TRAVEL TIME: </div> <div style="width: 50%;"> Official Mileage*: _____ ÷ 350 miles (if remainder exceeds 51 miles, add (1) day) = _____ Total Travel Days </div> </div> <div style="margin-top: 10px; text-align: center;"> * Determine Official Mileage by using the Official Table of Distance Guide: <u>Internet Web Site:</u> DTOD-MTMC.BELVOIR.ARMY.MIL NOTE: Compute mileage from "City" to "City". </div>																					
FLAT PER DIEM Payable for each utilized day of authorized travel time in connection with a PCS transfer, as follows: <i>(Reference JFTR U5105 and U5210)</i> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 40%;">♦ \$50.00 per day for the member</td> <td style="width: 40%;">♦ \$25.00 per day for each dependent under 12 years old</td> <td style="width: 20%;"></td> </tr> <tr> <td>♦ \$37.50 per day for each dependent 12 years and older</td> <td>♦ \$50.00 a day for the dependent driving, if traveling separate from member</td> <td></td> </tr> </table> <div style="margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 40%;">MEMBER OR DEPN DRIVING SEPARATELY</td> <td style="width: 20%;"># of tvl days _____</td> <td style="width: 20%;">X # of travelers _____</td> <td style="width: 20%;">X \$50.00 = _____</td> </tr> <tr> <td>DEPN OVER AGE OF 12 YEARS</td> <td># of tvl days _____</td> <td>X # of travelers _____</td> <td>X \$37.50 = _____</td> </tr> <tr> <td>DEPN UNDER AGE OF 12 YEARS</td> <td># of tvl days _____</td> <td>X # of travelers _____</td> <td>X \$25.00 = _____</td> </tr> </table> </div> <div style="text-align: right; margin-top: 10px;"> FLAT PER DIEM TOTAL = \$ _____ </div>				♦ \$50.00 per day for the member	♦ \$25.00 per day for each dependent under 12 years old		♦ \$37.50 per day for each dependent 12 years and older	♦ \$50.00 a day for the dependent driving, if traveling separate from member		MEMBER OR DEPN DRIVING SEPARATELY	# of tvl days _____	X # of travelers _____	X \$50.00 = _____	DEPN OVER AGE OF 12 YEARS	# of tvl days _____	X # of travelers _____	X \$37.50 = _____	DEPN UNDER AGE OF 12 YEARS	# of tvl days _____	X # of travelers _____	X \$25.00 = _____
♦ \$50.00 per day for the member	♦ \$25.00 per day for each dependent under 12 years old																				
♦ \$37.50 per day for each dependent 12 years and older	♦ \$50.00 a day for the dependent driving, if traveling separate from member																				
MEMBER OR DEPN DRIVING SEPARATELY	# of tvl days _____	X # of travelers _____	X \$50.00 = _____																		
DEPN OVER AGE OF 12 YEARS	# of tvl days _____	X # of travelers _____	X \$37.50 = _____																		
DEPN UNDER AGE OF 12 YEARS	# of tvl days _____	X # of travelers _____	X \$25.00 = _____																		
MALT Authorized for the official distance of the PCS transfer at the following rates: <i>(Reference JFTR, Appendix A)</i> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 35%;">♦ \$0.15 per mile = Driver of each POC</td> <td style="width: 65%;"> NUMBER OF POC'S AUTHORIZED: _____ * </td> </tr> <tr> <td>♦ \$0.17 per mile = 2 travelers</td> <td>1st POC: Total mileage _____ X _____ cents per mile = _____</td> </tr> <tr> <td>♦ \$0.19 per mile = 3 travelers</td> <td>2nd POC: Total mileage _____ X _____ cents per mile = _____</td> </tr> <tr> <td>♦ \$0.20 per mile = 4 or more travelers</td> <td>3rd POC: Total mileage _____ X _____ cents per mile = _____</td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> *NOTE: See JFTR U5205 for guidelines on approving 3rd POC TOTAL MALT = \$ _____ </div>				♦ \$0.15 per mile = Driver of each POC	NUMBER OF POC'S AUTHORIZED: _____ *	♦ \$0.17 per mile = 2 travelers	1 st POC: Total mileage _____ X _____ cents per mile = _____	♦ \$0.19 per mile = 3 travelers	2 nd POC: Total mileage _____ X _____ cents per mile = _____	♦ \$0.20 per mile = 4 or more travelers	3 rd POC: Total mileage _____ X _____ cents per mile = _____										
♦ \$0.15 per mile = Driver of each POC	NUMBER OF POC'S AUTHORIZED: _____ *																				
♦ \$0.17 per mile = 2 travelers	1 st POC: Total mileage _____ X _____ cents per mile = _____																				
♦ \$0.19 per mile = 3 travelers	2 nd POC: Total mileage _____ X _____ cents per mile = _____																				
♦ \$0.20 per mile = 4 or more travelers	3 rd POC: Total mileage _____ X _____ cents per mile = _____																				
<div style="display: flex;"> <div style="width: 20%; font-weight: bold;"> ALASKA MARINE HIGHWAY SYSTEM CAR FERRY </div> <div style="width: 80%;"> <p>The AMHS cost may be advanced <u>ONLY</u> with a confirmed reservation; consult JFTR U5116 for additional information on AMHS.</p> <p>Authorized AMHS from _____ to _____ 2nd leg of the AMHS from _____ to _____</p> <p>Vehicle Fees: Number of POC's _____ Total cost of POC's = \$ _____</p> <p style="text-align: right;">Cost of the Stateroom: \$ _____</p> <p>Ferry Fees: Number of Adults 12 years or older _____ X Cost per person \$ _____ = \$ _____</p> <p style="text-align: right;">Number of Underage Children _____ X Cost per person \$ _____ = \$ _____</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> **NOTE: Itemized receipts are required when submitting your travel claim to HRSIC TOTAL AMHS COST = \$ _____ </div>																					
<div style="display: flex;"> <div style="width: 20%; font-weight: bold;"> OUTCONUS MILEAGE ENTITLEMENT </div> <div style="width: 80%;"> <p>Mileage to port of debarkation (auth round trip) Total mileage _____ X \$ _____ per mile = _____</p> <p>Mileage to port of embarkation (auth round trip) Total mileage _____ X \$ _____ per mile = _____</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> *NOTE: See JFTR U5413 for guidelines. For current "mileage" rates, see Appendix A (Mileage Allowance) TOTAL TDY MILEAGE = \$ _____ </div>																					
TOTAL PCS ENTITLEMENTS: \$\$ _____																					
IAW JFTR U5012-B; Entitlements depend on the member and dependents individual travel circumstances. Travel settlement will be determined by HRSIC (TVL) based on type of orders / travel voucher and actual travel performed. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CONTACT HRSIC (TVL) @ 1-888-USCG-TVL.																					
Member's Signature:	Date:	Command Approval:	Date:																		

Department of Transportation U. S. Coast Guard CG HRSIC-2005 (Rev. 01-98)		<h2 style="margin: 0;">PCS Reporting Worksheet</h2>	
SSN	Name (Last, First, MI)	Permanent Unit	
PURPOSE: Use this form to indicate changes in mode of travel, TAD, and requested advances; changes in dependency, pay delivery, state or federal tax withholdings; updating allotments, ID cards, and to update your mailing address. If you have any questions, TALK TO YOUR YEOMAN .			
Complete the following: <ol style="list-style-type: none"> 1. A DD-Form-1172 to update the DEERS database (visit your nearest ID card facility) 2. Update and verify the information on your CG-4170A (BAH/Emergency Data) 3. A Travel Claim for you and your dependents 4. A BAH/Housing Worksheet (CG HRSIC 2025) 5. An Allotment Worksheet (CG HRSIC-2040) to update allotment addresses 6. A Bond Worksheet (CG HRSIC-2060) to update bond addresses 7. An Assignment Data form (CG-3698A) within 6 months of reporting to unit 			Date Completed <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
WHAT IS YOUR NEW MAILING ADDRESS? PERSRU will use this information to update block 22 of your LES			
<div style="border: 1px solid black; padding: 5px;"> <div style="margin-bottom: 10px;"> Address <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> City <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> State <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="width: 25%;"> Zip Code <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="width: 25%;"> (Zip + 4) Phone Number <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="width: 25%;"> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div> </div>			
*This will NOT change your allotment or bond addresses, submit the appropriate worksheet to change.			
Date Reported: _____ Time Reported: _____			
Yes	No	Answer the questions below. Your response(s) will determine which action(s) the PERSRU will complete.	
		Did you travel as directed on your orders? (If no, explain the changes)	
		Did you go TAD/TDY in connection with this PCS transfer?	
		Do you want advances? (If yes, submit an Advances Worksheet)	
		Do you want to change where or how you receive your pay? (If yes, submit a Pay Delivery Worksheet)	
		Are the addresses for your allotments and bonds current? (If no, submit an Allotment or Bond Worksheet)	
		Are you changing your state or federal tax withholding or do you need to resume state tax collection due to residing in your legal state of residence? (If yes, contact your yeoman for specific state withholding procedures)	
		Have you had any change in dependency? (If yes, submit a Dependency Worksheet and DD-Form-1172)	
		Do you want Family Mbr. Dental coverage for your dependents? (If yes, submit DD-Form-2494 or DD-Form-2494-1)	
		Did you participate in the last SWE?	
		Is your ID card and or your dependents ID card current?	
		Are you entitled to Family Separation-Housing (FSH)? Note: Transportation of dependents is not authorized at government expense to your new unit or to a place near your unit. No government family-type quarters are available for assignment to you.	

Common Problems			
PCS Reporting/ Departing	Failure To.....	May Result In.....	
	update allotment/bond address	nonreceipt of allotment/bond	
	update DEERS information	<ul style="list-style-type: none"> denied payment of CHAMPUS/Tri Care Claims delays in payment of CHAMPUS/Tri Care Claims denied enrollment in Family Mbr. Dental Plan denied treatment MTFs 	
	enroll dependents in Family member Dental Plan	denied payment of FMDP claims	
	update Pay Delivery Worksheet	pay not being delivered to intended place	
	update Dependency Worksheet	underpayment/overpayment of BAH/COLA/OHA/DLA and travel	
	report unknown payments or deduction(s) reflected on your LES	underpayment or overpayment	
PCS Reporting Only	Failure To.....	Will Result In.....	
	file member and or dependent travel claims	recoupment of all member and or dependent travel advances, including DLA	
	submit BAH Worksheet	delay of entitlement to BAH rate at new Duty Station	
<p align="center">Privacy Act Statement</p> <p>In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to update member's records upon reporting to a new permanent duty station. Routine uses - Same. Disclosure - Disclosure of information is voluntary, but without disclosure the member may encounter problems with pay, taxes, dependent coverage and current identification cards.</p>			
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	
		Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2015 (Rev. 03-97)	<h2 style="margin: 0;">Pay Delivery Worksheet</h2>																					
SSN	Name (Last, First, MI)	Permanent Unit																				
<p>Purpose: Use this form to indicate where you want your net pay to be delivered. Retirees, annuitants, and reservists are required to have their pay delivered by Direct Deposit/ Electronic Fund Transfer (DD/EFT). Active duty personnel considering any payment option other than direct deposit should be strongly cautioned against doing so. Direct deposit is the most efficient and reliable method of pay delivery. The possibility of a lost or stolen check is eliminated with use of direct deposit.</p>																						
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> Direct Deposit (POE option 4) </div> <div style="width: 65%; border: 1px solid black; padding: 5px;"> <div style="display: flex;"> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-right: 10px;"> Type of Account <input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> Checking <input style="width: 40px; height: 20px;" type="checkbox"/> Savings </div> <div style="width: 70%;"> Submit one of the following: <ul style="list-style-type: none"> FMS Form 2231 (FASTSTART) SF 1199A account deposit slip voided check or enter direct deposit account information below (see reverse for instructions) </div> </div> </div> </div>																						
<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 20%; padding: 5px;">Routing Transit Number</td> <td style="width: 40%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"/> </td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center; padding-top: 5px;">Check Digit</td> </tr> <tr> <td style="padding: 5px;">Account Number</td> <td colspan="3" style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> </td> </tr> <tr> <td style="padding: 5px;">Account Title</td> <td colspan="3" style="border-bottom: 1px solid black; padding: 5px;"> <div style="text-align: center;">(Account Holder's Name)</div> </td> </tr> <tr> <td style="padding: 5px;">Financial Institution Name</td> <td colspan="3" style="border-bottom: 1px solid black; padding: 5px;"></td> </tr> </table>			Routing Transit Number	<input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/>	<input style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"/>			Check Digit			Account Number	<input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/>			Account Title	<div style="text-align: center;">(Account Holder's Name)</div>			Financial Institution Name			
Routing Transit Number	<input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/>	<input style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"/>																				
	Check Digit																					
Account Number	<input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 2px;"/>																					
Account Title	<div style="text-align: center;">(Account Holder's Name)</div>																					
Financial Institution Name																						
<div style="display: flex; align-items: flex-start;"> <input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <div style="margin-left: 10px;"> Mail check to this nonwork address (POE option 3): (This option is limited to active duty personnel and is only recommended for members serving or residing in an overseas area where Direct Deposit is not yet available) </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; padding: 2px 5px;">Street/Rural Route/P.O. Box</div> <div style="padding: 2px 5px;">City, State, Zip Code</div> </div>																						
<div style="display: flex; align-items: flex-start;"> <input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <div style="margin-left: 10px;"> Accrue my net pay at HRSIC (POE option 2) (submit a new worksheet when this option is no longer desired) </div> </div>																						
<div style="display: flex; align-items: flex-start;"> <input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <div style="margin-left: 10px;"> Mail check to my unit address (This option is limited to active duty personnel only and must be approved by the member's commanding officer) (POE option 1) </div> </div>																						

Signature, on reverse, is required®

DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

Name of Depositor-3	101
Street Address	
City, State	_____ 19__
Pay To The Order Of:	
	\$ _____
	Dollars
Name of Your Bank-4	
Payable Through Another Bank-5	
For _____	
! : 021001082 : !	123 456 789 !!
-----	-----
Routing Number-1	Account Number-2
	0101
	Check Number

1. **ROUTING TRANSIT NUMBER** - here you would put "021001082"
2. **ACCOUNT NUMBER** - Here you would put "123-456-789" Note: A dash symbol should be inserted whenever there is a blank space.
3. **ACCOUNT TITLE** - (must include member's name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority - 10 USC Section 2771.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member's pay may be distributed incorrectly.

Member's Signature	Date:	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2020 (Rev. 06-99)		<h2 style="text-align: center;">Dependency Worksheet</h2>	
SSN	Name (Last, First, MI)		Permanent Unit
PURPOSE: Use this form to add/delete BAH eligible dependent(s) listed on your CG-4170A.			
EMERGENCY DATA: Report changes in beneficiaries and other emergency data information by updating/completing a CG-4170A.			
DEERS: When reporting dependency changes you must also complete a DD-Form-1172 at your servicing ID card issuing facility to update the DEERS database. When adding dependents, failure to update DEERS will result in denial of medical/dental benefits. When deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Add dependent, (see documentation requirements on reverse side) </div> <div> <input type="checkbox"/> Delete dependent (Attach copy of Separation Agreement, Final/Interlocutory Reason: Divorce/Annulment decree or death certificate if applicable) </div> </div>			
Name (Last, First, MI):			SSN:
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency?
If spouse is in the service provide: SSN (above) Branch: Duty Station:			
If the dependent child does not reside with you provide: Amount of support \$ Date of divorce/separation:			
Name of Custodian		Method of support	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Add dependent, (see documentation Requirements on reverse side) </div> <div> <input type="checkbox"/> Delete dependent (Attach copy of Separation Agreement, Final/Interlocutory Reason: Divorce/Annulment decree or death certificate if applicable) </div> </div>			
Name (Last, First, MI):			SSN:
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency?
If spouse is in the service provide: SSN (above) Branch: Duty Station:			
If the dependent child does not reside with you provide: Amount of support \$ Date of divorce/separation:			
Name of Custodian		Method of support	
PRIVACY ACT STATEMENT <small>In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay.</small>			
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	Action Completed Date: _____ Initials: _____

Supporting documentation requirements are listed on the reverse side of this worksheet. →

DEPENDENCY DOCUMENTATION REQUIREMENTS			
RULES:	<ul style="list-style-type: none"> ◆ The member must furnish documentary proof of dependency. ◆ Unless otherwise specified, legible photostatic copies or properly notarized legible copies of original documents are acceptable. ◆ Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member. ◆ To delete a dependent, submit divorce or annulment decree, death certificate, etc... ◆ To add a dependent submit the appropriate documentation as indicated below. 		
Relationship	And	Documentation to be submitted	See PAYMAN Section
SPOUSE	U. S. MARRIAGE	Marriage certificate	3-E-3.a.
	*FOREIGN MARRIAGE	Translated marriage certificate and CG-4170A	3-E-3.a.
	*COMMON LAW	Affidavit and CG-4170A	3-E-3.a.(1)
	PREVIOUSLY MARRIED	Final divorce/annulment decree	3-E-3.a.(2)
LEGITIMATE CHILD		Birth certificate	3-E-3.b.
ADOPTED CHILD		*Amended birth certificate and adoption decree (final or interlocutory)	3-E-3.d.(1)
CHILD PLACED FOR ADOPTION		*Birth certificate, court order, and documents from placement agency	3-E-3.d.(2)
STEPCHILD		Birth certificate, marriage certificate and spouse's divorce decree	3-E-3.e.
ILLEGITIMATE CHILD	MEMBER-MOTHER HAS CUSTODY	Birth certificate	3-E-3.f.(1)
	MEMBER FATHER HAS CUSTODY	Birth certificate, proof of parentage, and CG-4170A	3-E-3.f.(2)
	*MEMBER-MOTHER DOES NOT HAVE CUSTODY	Birth certificate, support statement (CG HRSIC-2020A), and CG-4170A	3-E-2.e.(3)
	*MEMBER-FATHER DOES NOT HAVE CUSTODY	Birth certificate, proof of parentage, support statement (CG HRSIC-2020A), and CG-4170A	3-E-2.e.(3)
WARD	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG HRSIC-2020A), birth certificate, court order, and CG-4170A.	3-D-4.d.
CHILD OVER AGE 21 Legitimate, Illegitimate, adopted, stepchild or ward	*INCAPACITATED	Doctor's statement, birth certificate, support statement (CG HRSIC-2020A), court order or adoption decree, and CG-4170A	3-D-4.b.(5), 3-E-2.f.(1) Figure 3-8, Note 6
	FULL TIME STUDENT UNDER AGE 23	Birth certificate, support statement (CG HRSIC-2020A) support statement for full-time student (CG HRSIC-2020B), proof of full-time student status, court order or adoption decree (if necessary)	3-E-3.c.(2)
PARENT, PARENT-IN-LAW, PARENT IN LOCO PARENTIS, STEPPARENT, PARENT BY ADOPTION	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG HRSIC-2020A), statement showing member's financial contributions for the past six months, and CG-4170A	3-E-3.g.

Note: For all children, proof of support is also required if the child is not in the custody of the member.

(*): These claims must be reviewed and approved by CO, HRSIC (LGL). Send this form along with other supporting documentation to your PERSRU first. They will update your CG-4170A form and forward it to HRSIC for approval.

Do not send this form directly to HRSIC.

Department of Transportation U. S. Coast Guard CG HRSIC-2020A (Rev. 01-98)		SUPPORT STATEMENT	
PRIVACY ACT STATEMENT: This information is collected under 37 USC Section 403, 14 USC Section 461, and EO 9397 and is used when considering application for BAH and/or ID cards. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.			
PURPOSE: Use this form to provide proof that a claimed dependent is in fact dependent on the sponsor for more than one-half of their support.			
Part I: INFORMATION COMPLETED BY SPONSOR			
Name (Last, First, MI)		RANK/RATE	SSN
Number of people in sponsor's household (do not include the family member that this form is for)			
Part II: SPONSOR'S MONTHLY EXPENSES AND INCOME		Part III: CLAIMED DEPENDENT'S MONTHLY EXPENSES AND INCOME	
MONTHLY EXPENSES		MONTHLY EXPENSES	
1. Medical/Dental	\$	16. Medical/Dental	\$
2. Transportation		17. Transportation	
3. Taxes		18. Taxes	
4. Rent/House Payment		19. Rent/House Payment	
5. Utilities/Telephone		20. Utilities/Telephone	
6. Food		21. Food	
7. Clothing		22. Clothing	
8. Insurance		23. Insurance	
9. Other (Specify)		24. Other (Specify) Do not list loans, credit cards or other personal debts	
10. Total Monthly Expenses		25. Total Monthly Expenses	
11. Total monthly Pay & Allowances		26. Social security income	
12. Spouse's monthly income		27. Interest on savings	
13. Other income		28. Other income	
14. Total family monthly income		29. Total monthly income	
15. Amount of monthly contribution to support claimed dependent for whom this statement is being submitted.			
Enter the date that the sponsor began making contributions to support the claimed dependent:			

Go to the reverse side of this form to complete support test. →

Part IV: SUPPORT TEST

30. Divide the amount in item 25 by 2, enter result ($\frac{1}{2}$ of expenses)		
31. Enter the claimed dependent's income from item 29,		
32. Enter sponsor's monthly contribution to support from item 15		
Use the amounts in items 30-32 to answer these questions	YES	NO
33. Is the amount in item 30 greater than the amount in item 31?		
34. Is the amount in item 32 greater than the amount in item 31?		
If answers to -	are	then
both 33 & 34	yes	complete part V and forward application to PERSRU for consideration
either or both 33 & 34	no	claimed dependent does not receive over $\frac{1}{2}$ of support from sponsor

Part V: CERTIFICATION SECTION **Note:** Have all signatures notarized if this statement is for a dependent ID card.

I (we) certify that this support statement is true and accurate.

I (we) make the foregoing statements as a part of my (our) application with full knowledge of the penalties for willfully making a false statement. 18 USC Section 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.

SIGNATURE OF PARENT(S) OR PARENT(S)-IN-LAW (leave blank if this statement is for a child)

_____ Date _____/_____/_____ Date _____

SIGNATURE OF SPONSOR

_____ Date _____

Part VI: WHAT TO ATTACH AND WHERE TO SEND

If this statement is being used to support a claim for a dependent	and is for a	attach Note: documentation requirements for adopted, illegitimate, or stepchildren are listed on CG HRSIC 2020	then send to
Child age 21-23 full-time student	ID Card	DD form-1172, Birth certificate, CG HRSIC-2020B, and, proof of full-time student status.	Local ID issuing auth.
Incapacitated Child over 21	ID Card	DD form-1172 Birth certificate, doctor's statement, certified copy of sponsor's latest federal income tax return, claiming child as dependent, and statement from SSA denying Medicare Part "A".	HRSIC RAS
Parent, Parent-in-law	ID Card	DD form-1172 & certified copy of sponsor's latest federal income tax return showing parent claimed s a dependent.	HRSIC RAS
Child age 21-23 full-time student	BAH claim	Birth certificate, CG HRSIC-2020B, and proof of full time student status.	PERSRU
*Incapacitated Child over 21	BAH claim	Birth certificate, and doctor's statement.	PERSRU
*Ward	BAH claim	Birth certificate and a notarized affidavit by member that ward resides with member or does not reside with member because of institutionalized care for a disability/incapacity or does not reside with member because a separation necessitated by the member military orders.	PERSRU
*Parent, Parent-in-law	BAH claim	A statement of parent(s) or parent(s)-in-law postal address.	PERSRU

(*): These claims must be reviewed and approved by CO, HRSIC (LGL). Send this form along with other supporting documentation to your PERSRU first. They will update your CG-4170A form and forward it to HRSIC for approval.

Do not send this form directly to HRSIC (LGL)

Department of Transportation U. S. Coast Guard CG HRSIC-2020B (Rev. 03-97)		Statement of Support for Full-Time Student	
SSN	Name (Last, First, MI)		Rank
Unit			Date
PURPOSE: To accompany request for dependency in the case of a child over age 21 and under age 23. Use this form in conjunction with the CG HRSIC-2020A to prove dependency exists.			
<u>DEFINITION OF INSTITUTION OF HIGHER EDUCATION</u> (from DODINST 1000.13) A college, university, or similar institution, including a technical or business school, offering post secondary-level academic instruction that leads to an associate or higher degree, if the school is empowered by the appropriate State education authority under State law to grant an associate, or higher, degree. When there is no State law to authorize the granting of a degree, the school may be recognized as an institution of higher learning, if it is accredited for degree programs by a recognized accrediting agency. The term also shall include a hospital offering educational programs at the post secondary level regardless of whether the hospital grants a post-secondary degree. The term also shall include an educational institution that is not located in a State, that offers a course leading to a standard college degree, or the equivalent, and that is recognized as such by the Secretary of Education (or comparable official) of the country, or other jurisdiction, in which the institution is located.			
<u>Enrollment requirements</u> To qualify as a full-time student, enrollment must be for at least <ul style="list-style-type: none"> ♦ 12 semester hours at the undergraduate level <li style="text-align: center;">or ♦ 9 semester hours at the postgraduate level. 			
<u>Declaration</u> I certify that _____ (enter child's full name) is enrolled at _____ (enter name of institution) as a full-time student and, in-fact, dependent upon me for over one-half of his/her support. Expenses for shelter, education, health care, food and clothing have determined support. My support determination is not based on expenses for recreation, insurance, and/or savings. I understand that incidentals and luxury items for a child that improves a child's standard of living are not part of necessary living expenses			
_____ Signature of member		_____ Signature of witness	
<u>Attachments</u> <div style="margin-top: 10px;"> <input type="checkbox"/> Statement from the registrar's office attesting to the full-time student status of the dependent and anticipated graduation date or a receipt showing tuition has been paid to the school. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If dependency has not been previously established, attach a copy of the birth certificate. </div>			
PRIVACY ACT STATEMENT In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard Authority - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay.			

Department of Transportation U. S. Coast Guard CG HRSIC-2020C (Rev.03-97)		<h2 style="text-align: center;">Statement of Former Spouse</h2>	
PURPOSE: To accompany request for an ID card for a former spouse			
Part I: Information relative to sponsor			
SSN	Name (Last, First, MI)		Rank
Current Unit or Date of Retirement			
Part II: Information relative to former spouse			
Name (Last, First, MI)			
Home address, city, state and zip code		Employer name, address, city, state and zip code	
Home area code and phone number		Employer area code and phone number	
Part III: Information relative to marriage			
Date of marriage to sponsor	Date marriage was terminated	Reason (divorce, dissolution, annulment)	
Part IV: Declaration			
I am the former spouse of the sponsor named above. To the best of my knowledge our marriage lasted at least 20 years, my spouse served at least 20 years of service, creditable in determining eligibility for retired pay and there was an overlap of at least 15 years between the marriage and military service period.			(Circle your answer)
Have you remarried since date of divorce from sponsor?			YES NO
Are you presently employed?			YES NO
Do you have medical coverage under an employer sponsored health plan?			YES NO
I certify that to the best of my knowledge the above information is true and correct. I understand that in the event this information is false, my ID card will be retrieved and I am liable to reimburse the government for medical care and other benefits received. I will immediately notify Commanding Officer (RAS), U. S. Coast Guard HRS & IC, 444 SE Quincy ST, Topeka, KS 66683-3591, if any changes in the above statement occur. I understand that making a false, fictitious, or fraudulent claim is a violation of 18 USC Section 287 the penalty for which is a fine up to \$10,000 and imprisonment for up to 10 years.			
_____ Signature of former spouse		_____ Date	
PRIVACY ACT STATEMENT			
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 1072. Principal Purpose(s) - Used to determine eligibility for dependent ID card and benefits. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure application for dependent ID card and benefits may not be approved.			

Reverse Blank

Department of Transportation U. S. Coast Guard CG HRSIC-2025 (Rev. 11-99)		<h2 style="margin: 0;">BAH/Housing Worksheet</h2>																	
SSN	Name (Last, First, MI)	Permanent Unit																	
PURPOSE: Use this form to indicate current housing status.		Effective Date of Change																	
SPOUSE INFORMATION																			
If you are married to a military service member, enter spouse information:																			
<div style="display: flex; justify-content: space-between;"> SSN _____ Pay Grade _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Spouse's Branch of Service <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> Other _____ </div> <div style="width: 60%;"> Spouse's duty zip code and duty unit _____ Do you maintain a joint residence? Yes _____ No _____ Spouse BAH status <input type="checkbox"/> with dep <input type="checkbox"/> without dep <input type="checkbox"/> partial <input type="checkbox"/> none </div> </div>																			
HOUSING INFORMATION																			
My current housing address is: _____ (enter below)																			
<input type="checkbox"/> I want this address used as my mailing address on my LES (block 22)																			
Note: If you have dependents and they do not reside with you at this address, attach a separate sheet with their complete address and zip code.																			
Address _____ City _____ State _____ Zip Code _____																			
My status is: (enter below)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 40%;">Living at my own cost</td> <td style="width: 10%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>CG owned housing</td> <td></td> <td>DOD owned housing</td> </tr> <tr> <td></td> <td>CG leased housing</td> <td></td> <td>DOD leased housing</td> </tr> <tr> <td></td> <td>CG barracks or shipboard berthing</td> <td></td> <td>DOD barracks or shipboard berthing</td> </tr> </table>					Living at my own cost				CG owned housing		DOD owned housing		CG leased housing		DOD leased housing		CG barracks or shipboard berthing		DOD barracks or shipboard berthing
	Living at my own cost																		
	CG owned housing		DOD owned housing																
	CG leased housing		DOD leased housing																
	CG barracks or shipboard berthing		DOD barracks or shipboard berthing																
PRIVACY ACT STATEMENT																			
In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard.																			
Authority - 14 USC Section 632 and 37 USC Section 403a. Principal Purpose (s) - Used to indicate current housing status and to validate the amount of member's BAH Payment.																			
Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive correct payment of BAH.																			
Member's Signature		Date:																	
Command Approval		Date:																	
		For PERSRU Use Only																	
		Action Completed Date: _____	Initials: _____																

Department of Transportation U. S. Coast Guard CG HRSIC-2035 (Rev. 01-98)	FAMILY SEPARATION ALLOWANCE WORKSHEET		
Purpose: Use this form to substantiate entitlement to FSA. The member will complete member certification section. The unit will indicate the type of FSA the member is entitled to and will forward to the PERSRU.			
Name (Last, First, MI.)	SSN	Permanent Unit:	
Types of FSA:			
FSA-R For personnel serving in a dependent restricted assignment FSA-S For personnel permanently assigned to a ship which deployed in excess of 30 days. FSA-T For TAD assignments, including TAD to a ship which deployed in excess of 30 days.			
MEMBER CERTIFICATION			
If I become eligible for FSA, I certify that I maintain a residence(s) for my dependent(s) and have assumed the liabilities and responsibilities thereof, at the address shown below, where I will reside during periods of leave or such other times as my duty assignment permit. I agree to notify my Commanding Officer promptly of any change in dependency status, if my sole dependent or all of my dependents move to the area of this station, or if my dependent(s) visit at this station for more than three months (30 days in the case of FSA-S and FSA-T) while I am in receipt of Family Separation Allowance.			
Address(es) of Dependent(s):			
I understand that I am not eligible for FSA when:			
<ul style="list-style-type: none"> My sole dependent is a spouse legally separated or my child(ren) is in the legal custody of another person My dependent parent does not reside in my home which I control, supervise, and maintain for mutual use when circumstances permit (43 Comp Gen 44, 46, and 148) I am married-member-to-member and I was not residing together with my spouse immediately before being separated by reason of execution of military orders My sole dependent is not in an institution for a known period of over one year or an indefinite period which may be expected to exceed one year. 			
Member's Signature:		Date:	
Indicate type of FSA (FSA-R and FSA-T only):			
<input type="checkbox"/> FSA - R Member departed from _____ on _____ (date) was on leave enroute _____ proceed time _____ and reported to _____ on _____ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station.			
<input type="checkbox"/> FSA - T Member has been ordered to and has performed temporary duty for a continuous period of more than 30 days at the following location(s): _____ (location) _____ (inclusive dates at location). _____ (location) _____ (inclusive dates at location). _____ (location) _____ (inclusive dates at location).			
Privacy Act Statement: In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate entitlement of FSA. Routine Uses(s) - Same. Disclosure - Voluntary.			
Command Endorsement		PERSRU Use Only (For FSA-R and FSA-T only)	
Command Approval:	Date:	Action Completed Date:	Initials:

Department of Transportation U. S. Coast Guard CG HRSIC-2040 (Rev.03-99)		<h2 style="margin: 0;">Allotment Worksheet</h2>	
SSN	Name (Last, First, MI.)	Permanent Unit	
<p>PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment. This worksheet serves as the supporting documentation for the PERSRU input process.</p> <p>Purpose of request: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change <input type="checkbox"/> Change of Address</p>			
Blanket Code(If known): _____ Start Amount: \$ _____ Month of First Deduction: _____		Stop Amount: \$ _____ Month of Last Deduction: _____	(Applies to Stops & Changes) Enter allotment # from LES:
ALLOTMENT TYPE Enter type of allotment from table on reverse of this form: _____			
<p>ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION Complete if allotment is to be paid by EFT</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking</p> <p>Allottee name (person/company who will receive allotment)</p> <div style="display: flex; align-items: center;"> <div style="width: 200px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 200px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <p>Routing Transit and Check Digit Number</p> <div style="display: flex; align-items: center;"> <div style="width: 150px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p style="font-size: small;">(can be obtained from the financial institution or found on the bottom of a check or deposit slip)</p> <p>Account Number Do not enter loan number Check with payee and make sure you're using the correct account number for EFT payments</p> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <p>Account Title _____ (Account Holder's Name)</p> <p>Financial Institution Name _____</p> </div>			
<p>CHECK INFORMATION Complete only if allotment cannot be paid by EFT and must be paid by check</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Name or Person/Institution to be Paid </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Account/Policy Number </div> <div style="border: 1px solid black; padding: 5px;"> Address/Box Number (Note: You are responsible for keeping this address up-to-date, submit a new form if it changes) City, State, 9-digit Zip Code </div>			

Attention: Sign and date the reverse side of this form

DEFINITION: A financial institution is defined as a bank, credit union, savings and loan association, building and loan association, or brokerage/investment company.

RESTRICTIONS

- ♦ Allotments may not be started or changed while a member is liquidating advance pay and allowances.
- ♦ Except for bonds and loans, only one allotment of any type to the same payee is authorized. Multiple loan allotments to same payee must have unique account numbers.
- ♦ Maximum number of allotments is 14 (of 6 discretionary and 8 nondiscretionary).

Table of Rules

Allotment Code	EFT	Type of Allotment	Allotment Limitation	Required Period?	Carry into Retirement ?	Notes
B (Nondiscretionary)	No	Saving Bonds-Series EE	None	No	Yes	\$30,000 limit per year
C (Nondiscretionary)	No	CFC	One	Yes	No	Will stop every December.
D (Discretionary)	Yes	Support of Dependents	None	No	Yes	May not be started on self.
E (Nondiscretionary) F (Nondiscretionary)	No	VEAP Education	One	Yes	No	Refer to Section 7-D, CG PAYMAN.
G (Nondiscretionary)	No	Savings Bond Series-I	None	No	Yes	\$30,000 limit per year
H (Discretionary)	Yes	Home Loan Repayment, Set-A-Side Housing Program, mortgage or rent	None	No	Yes No	
I (Discretionary)	Yes	Commercial Insurance	None	No	Yes	For payment of insurance premiums for member and or family
L (Nondiscretionary)	Yes Yes Yes Yes	Mutual Assist/Morale Credit Union/Bank Loan Armed Forces Relief Soc. American Red Cross	None None None None	Yes No Yes Yes	Yes No No No	
M (Discretionary)	Yes	Navy Mutual Aid Insurance	One	No	Yes	Member and family only
N (Discretionary)	No	USGLI/NSLI Insurance	One	No	Yes	Contact yeoman for the VA reason code.
O (Discretionary)	Yes	Other	None	No	No	Payment to any individual, vendor, or financial institution for any legal purpose not covered by other codes
S (Discretionary)	Yes	Savings/Checking Accounts	None	No	Yes	Not payable to finance companies. Electronic Funds Transfers only
T (Nondiscretionary)	No	Indebtedness	None	Yes	Yes	Example: Defaulted VA loans
X (Discretionary)	No	CG Association	None	No	Yes	Blanket payee's only

Privacy Act Statement: In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate the type of allotment member requested. Routine Use(s) - Updating Bond information. Disclosure - Disclosure is voluntary.

Member's Signature

Date:

PERSRU Use Only

Action Completed
Date: _____

Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2045 (Rev. 02/00)		<h2 style="margin: 0;">Career Intentions Worksheet</h2>	
SSN	Name (Last, First, MI)	Permanent Unit	
<p>PURPOSE: Use this form to convey career intentions to the PERSRU. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections. Complete a Preseparation Counseling Checklist (DD-2648) also.</p>			
<p>Answer these questions. If no, contact your career counselor</p>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your unit conducted a 6 month predischarge interview and completed a Preseparation Counseling Checklist (DD-2648) (required if separating)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been advised on the subject of SRB eligibility?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are currently serving on your first enlistment, have you submitted a CFTRR application?	
EXTENSION/REENLISTMENT SECTION			
<p>Note: Per COMDTINST 1040.10 (series), you cannot reenlist/extend beyond the Professional Growth Point for your pay grade.</p>			
I plan to....	For # of yrs (Note: if reenlisting, the minimum is 3 years)	Effective date of Extension/ Reenlistment	
___ extend ___ reenlist	___ 2yrs ___ 3yrs ___ 4yrs ___ 5yrs ___ 6yrs ___ Other:		
Person administering the oath for extension agreement/reenlistment: Name: _____ Rank: _____ Title: _____ CO's recommendation signature: _____			
<p>REASON FOR EXTENSION/REEXTENSION OF ENLISTMENT:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">___ REQUEST OF INDIVIDUAL</div> <div style="width: 50%;">___ AUTHORIZED BY COMMANDER CGPC</div> <div style="width: 50%;">___ SCHOOL TRAINING REQUIREMENT</div> <div style="width: 50%;">___ OBLIGATED SERVICE FOR ADVANCEMENT</div> <div style="width: 50%;">___ OBLIGATED SERVICE FOR TRANSFER(INCONUS/OUTCONUS)</div> <div style="width: 50%;">___ OBLIGATED SERVICE FOR SRB BONUS</div> <div style="width: 50%;">___ PARTICIPATION IN TUITION ASSISTANCE PROGRAM</div> <div style="width: 50%;">___ COMPLETION OF CRUISE ABORD VESSEL</div> <div style="width: 50%;">___ OBLIGATED SERVICE FOR RETIREMENT</div> <div style="width: 50%;">___ OTHER (SPECIFY): _____</div> </div>			
SEPARATION SECTION			
	I am being discharged involuntarily		
	I want to be discharged (military obligation completed)		
	I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for ___ Years.		
	I want to be released from active duty (military obligation not completed).		
	Retire as directed by COMDT ltr dated _____. I will perform travel to: _____ My home of selection is _____ I understand I have up to one (1) year to make/choose my home of selection. (Note: Have you received your Retirement Package? If no, contact your unit admin office.)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a physical examination within the last year? Note: If you answered "No", you must complete a physical prior to your separation.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)? You may contact the CHCBP Administrator at 1-800-809-6119 for information on the program.	
<p>(Discharge/RELAD Only) I will perform travel to my (check one):</p> <div style="display: flex; justify-content: space-between;"> ___ Home of Record ___ Place of Enlistment/Acceptance ___ Will not be moving </div>			
Mode of travel will be (check one): ___ POC ___ Gov't Ticket		I request advance travel SF Form 1038 is attached ___ Yes ___ No	
Do you occupy government quarters? ___ Yes ___ No If yes, enter date you will terminate quarters: _____			

Continued on reverse ®

LEAVE SECTION

Note: If your leave balance is greater than 60 days at the end of September, you may lose the remaining balance if not taken prior to the start of the next fiscal year.

- If your leave plans change after completing this worksheet, immediately notify your PERSRU. **I desire to:**

- ☐ sell _____ days of leave.
- ☐ take terminal leave starting _____
- ☐ take leave prior to my separation for periods listed below

Enter inclusive leave dates (continue on separate page if necessary):

From _____ To _____

From _____ To _____

☐ more leave dates on separate page

Enter your final mailing address: (This is where your W-2 will be mailed next year.)

Address _____ City _____
 County _____ State _____ Country _____ Zip Code _____

☐ Yes ☐ No Request copy 6 of my DD-214 is sent to State of _____ Director of Veterans' Affairs.

Enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:

Name _____
 Address _____
 City _____ State _____ Country _____ Zip Code _____

FOR RETIREMENT ONLY:

- ☐ I have been authorized by CGPC EPM/OPM to utilize retirement processing station permissive orders IAW CGPERSMAN Art 12.C.1.d.
- ☐ I have been approved by my command to utilize 10 days permissive temporary duty IAW CGPERSMAN Art 12.C.1.e.

Note: Take in the following order: 10 days permissive temporary duty, terminal leave, and processing point permissive orders. Contact your admin office for assistance in determining your departure date when using any combination of the below.

*Permissive Temp Duty: From: _____ To: _____
 Terminal leave dates: From: _____ To: _____
 *Processing Point: From: _____ To: _____

*Note: Do not input these dates on the retirement transaction or leave transaction in SDA II.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

Member's Signature	Date:	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2050 (Rev. 03/97)		<h2 style="text-align: center;">Nonreceipt Worksheet</h2>	
SSN	Name (last, first, MI)		Rank
PURPOSE: Use this form to report nonreceipt of your salary check, allotment check, savings bond, or travel claim check.			
What is your daytime phone number and area code?			
What is the daytime phone number and area code of the point of contact at the financial institution, business, or allotment payee?			
Nonreceipt of: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <input type="checkbox"/> Travel check <input type="checkbox"/> Salary check <input type="checkbox"/> Allotment check <input type="checkbox"/> Savings bond (see reverse) </div>			
Approximate issue date:		Amount of check or face value of bond:	
Payee name:		Account number of check:	
		Serial number of bond (if known):	
Mailing address to which lost check, allotment, or bond might have been sent:			
Correct address and account or serial number (if known):			
Mail replacement check, allotment or bond to:			
Possible reason for nonreceipt; (e.g., lost, stolen, changed address):			
Note: <ul style="list-style-type: none"> ♦ If your check goes to a financial institution or business, you should verify the institution's name and address as well as your account number. Some post offices are returning government checks to the Department of Treasury, if the address is incorrect. ♦ You must submit a claim of nonreceipt, loss, or theft of a Treasury check within one year after the check issue date. ♦ If using this form for nonreceipt of a travel claim check, attach a copy of your PCS or TAD order and travel claim form. 			
PENALTY YOUR NEGOTIATION OF BOTH THE ORIGINAL CHECK/BOND AND REPLACEMENT CHECK/BOND MAY BE EVIDENCE THAT THE FOLLOWING CRIMES HAVE BEEN COMMITTED:			
(1) Making false, fictitious or fraudulent claim, 18 USC Section 287, (PENALTY; Fine not exceeding \$10,000 and/or imprisonment of not more than 10 years). (2) Theft of Public money, 18 USC Section 641 (PENALTY; Fine not exceeding \$10,000 and/or imprisonment of not more than 10 years; lesser penalties if the value of the theft is less than \$100.00). (3) Violation of the Uniform Code of Military Justice, Article 121; larceny and wrongful appropriation.			
Member or Payee Signature			Date:

Bond delivery schedule on reverse ®

Use this table to determine when to report nonreceipt of a bond.

If deduction from your pay started in	and the bond is issued	then the bond is considered late on
January	monthly	1 March
	bimonthly	1 April
	tri-annually	1 June
February	monthly	1 April
	bimonthly	1 May
	tri-annually	1 July
March	monthly	1 May
	bimonthly	1 June
	tri-annually	1 August
April	monthly	1 June
	bimonthly	1 July
	tri-annually	1 September
May	monthly	1 July
	bimonthly	1 August
	tri-annually	1 October
June	monthly	1 August
	bimonthly	1 September
	tri-annually	1 November
July	monthly	1 September
	bimonthly	1 October
	tri-annually	1 December
August	monthly	1 October
	bimonthly	1 November
	tri-annually	1 January
September	monthly	1 November
	bimonthly	1 December
	tri-annually	1 February
October	monthly	1 December
	bimonthly	1 January
	tri-annually	1 March
November	monthly	1 January
	bimonthly	1 February
	tri-annually	1 April
December	monthly	1 February
	bimonthly	1 March
	tri-annually	1 May

1. Name (last, first, MI):	2. SSN:	3. Rank/Rate:
4. Permanent Duty Station & OPFAC:	5. Current Home Address (Street, Apt #, City, State, Zip):	
6. I Request Transfer To: <input type="checkbox"/> RET-2 (Retired Awaiting Pay at Age 60) Transfer is effective on the 1 st day of month requested. <input type="checkbox"/> RET-1 (Retired with Pay) Transfer is effective on your 60 th birthday Effective Date of Transfer: _____	Address Change Requested? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. I plan to drill/have drilled on the following dates and status: Dates ADT-AT/ADSW-AC/etc _____ _____ _____ _____ _____	
Note: No Drills or ADT will be authorized or approved after the above Effective Date of Transfer.		
8. Expiration of Enlistment date is: _____ Current Date	9. Highest Paid Paygrade Held: _____ Paygrade	
10. Home Telephone Number: () Work Telephone Number: ()	If you HAVE NOT received your “20” year Satisfactory Service Letter, ensure you meet the requirements for retirement prescribed in Chapter 8-C-1 of the Reserve Policy Manual COMDINST M1001.28	
11. <input type="checkbox"/> Yes, I Do wish to have a retirement ceremony (see Instructions for Block 11 on reverse) <input type="checkbox"/> No, I Do Not want a retirement ceremony	12. I Do _____ Do Not _____ have a spouse. My spouses name on her/his certificate of appreciation should read:	
13. Member’s Signature:	14. Date:	

15. **COMMAND APPROVAL:**

☐ Approved for transfer to RET-2 _____ RET-1_____ ☐ Disapproved for transfer to RET-2 ____ RET-1_____

Reason:

Supervisor Signature (Include Name, Rank, Title)	Date
--	------

16. **ISC (pf) _____ APPROVAL:**

☐ Approved for transfer to RET-2 _____ RET-1_____ ☐ Disapproved for transfer to RET-2 ____ RET-1_____

Reason:

Signature (Include Name, Rank, Title)	Date
---------------------------------------	------

Instructions	
Item	Explanation
1.	Enter your Full Name: Last, first and middle Initial
2.	Enter your Social Security Number
3.	Enter your rank or rate, i.e. LCDR, YN2, PSC, etc.
4.	Enter your Permanent Duty Station (include staff symbol), i.e. STA Rockland, MSO Houston, MLCPAC (lc) & OPFAC
5.	Enter current Home Address: Street, Apt#., P.O. Box, City, State, Zip. Check box if you desire to have your LES address changed to address indicated in Block 5.
6.	Indicate what type of retirement transfer you are requesting and its effective date.
7.	Enter planned dates of drills or ADT you will complete prior to your effective retirement transfer date.
8.	Enter your current Expiration of Enlistment Date. If your EOE expires prior to date of requested transfer see your unit Admin Staff to extend EOE.
9.	Enter the highest paid paygrade held. i.e. If your Rank is W2 and you were promoted from E8, enter E8 in this block.
10.	Enter home and work phone numbers.
11.	Enter your desire for a retirement ceremony. If yes, contact your unit Admin Staff to coordinate date, location, and details for your retirement ceremony.
12.	Enter spouse information for spouse certificate of appreciation.
13.	Sign the form.
14.	Date the form.
15.	Command Approval/disapproval.
16.	ISC Approval/disapproval. Distribution: HRSIC/RAS - Original form CGPC (RPM) - Copy of all Officer's requests ISC (PF) - Copy Member's Unit - Copy

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(3)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority - 10 USC Section 1771.

Principal Purposes(s) - Used to indicate a member's career intentions.

Routine uses - Same.

Disclosure - Disclosure of this information is voluntary, although without disclosure the member's career intentions may not be known which may cause document and pay processing problems.

Department of Transportation U. S. Coast Guard CG HRSIC-2060 (Rev. 03-99)		Bond Worksheet For Series “EE” and Series “T” Bonds																																												
SSN	Name (Last, First, MI.)	Permanent Unit																																												
PURPOSE: Use this form to start or stop a bond and to report a change of address to a bond. This worksheet serves as the supporting documentation for the PERSRU input process.																																														
There are two types of bonds that members may have. Series “EE” bands are purchased at cost of half of the face value of the bond. Series “T” bonds are purchased at full face value of the bonds.																																														
Purpose of request: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change of Address																																														
Start Amount:	Stop Amount:	(Applies to Stops)																																												
Month of First Deduction:	Month of Last Deduction:	Enter # from LES:																																												
Frequency and Face Value of Series I Bond (Check one):	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Face Value of Bond</th> <th style="width: 20%;">Actual Monthly Deduction</th> <th style="width: 60%;">You Will Receive a Bond...</th> </tr> </thead> <tbody> <tr> <td rowspan="3">___\$50.00</td> <td>___\$50.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$25.00</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td>___\$12.50</td> <td>every 4 months (Frequency: T)</td> </tr> <tr> <td rowspan="2">___\$75.00</td> <td>___\$75.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$37.50</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td rowspan="3">___\$100.00</td> <td>___\$100.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$50.00</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td>___\$25.00</td> <td>every 4 months (Frequency: T)</td> </tr> <tr> <td rowspan="3">___\$200.00</td> <td>___\$200.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$100.00</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td>___\$50.00</td> <td>every 4 months (Frequency: T)</td> </tr> <tr> <td rowspan="3">___\$500.00</td> <td>___\$500.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$250.00</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td>___\$125.00</td> <td>every 4 months (Frequency: T)</td> </tr> <tr> <td rowspan="3">___\$1000.00</td> <td>___\$1000.00</td> <td>every month (Frequency: M)</td> </tr> <tr> <td>___\$500.00</td> <td>every 2 months (Frequency: B)</td> </tr> <tr> <td>___\$250.00</td> <td>every 4 months (Frequency: T)</td> </tr> </tbody> </table>			Face Value of Bond	Actual Monthly Deduction	You Will Receive a Bond...	___\$50.00	___\$50.00	every month (Frequency: M)	___\$25.00	every 2 months (Frequency: B)	___\$12.50	every 4 months (Frequency: T)	___\$75.00	___\$75.00	every month (Frequency: M)	___\$37.50	every 2 months (Frequency: B)	___\$100.00	___\$100.00	every month (Frequency: M)	___\$50.00	every 2 months (Frequency: B)	___\$25.00	every 4 months (Frequency: T)	___\$200.00	___\$200.00	every month (Frequency: M)	___\$100.00	every 2 months (Frequency: B)	___\$50.00	every 4 months (Frequency: T)	___\$500.00	___\$500.00	every month (Frequency: M)	___\$250.00	every 2 months (Frequency: B)	___\$125.00	every 4 months (Frequency: T)	___\$1000.00	___\$1000.00	every month (Frequency: M)	___\$500.00	every 2 months (Frequency: B)	___\$250.00	every 4 months (Frequency: T)
Face Value of Bond	Actual Monthly Deduction	You Will Receive a Bond...																																												
___\$50.00	___\$50.00	every month (Frequency: M)																																												
	___\$25.00	every 2 months (Frequency: B)																																												
	___\$12.50	every 4 months (Frequency: T)																																												
___\$75.00	___\$75.00	every month (Frequency: M)																																												
	___\$37.50	every 2 months (Frequency: B)																																												
___\$100.00	___\$100.00	every month (Frequency: M)																																												
	___\$50.00	every 2 months (Frequency: B)																																												
	___\$25.00	every 4 months (Frequency: T)																																												
___\$200.00	___\$200.00	every month (Frequency: M)																																												
	___\$100.00	every 2 months (Frequency: B)																																												
	___\$50.00	every 4 months (Frequency: T)																																												
___\$500.00	___\$500.00	every month (Frequency: M)																																												
	___\$250.00	every 2 months (Frequency: B)																																												
	___\$125.00	every 4 months (Frequency: T)																																												
___\$1000.00	___\$1000.00	every month (Frequency: M)																																												
	___\$500.00	every 2 months (Frequency: B)																																												
	___\$250.00	every 4 months (Frequency: T)																																												

Continued on Reverse Side

Frequency and Face Value of Series EE Bond (Check one):	Face Value of Bond	Actual Monthly Deduction	You will Receive a Bond
	___\$100.00	___\$50.00 ___\$25.00 ___\$12.50	every month every 2 months every 4 months
	___\$200.00	___\$100.00	every month
	___\$500.00	___\$250.00 ___\$125.00 ___\$62.50	every month every 2 months every 4 months
	___\$1000.00	___\$500.00	every month

Choose One Co-Owner _____ Beneficiary _____	Name and Social Security Number of Owner of Bond
	Name and Social Security of Co-Owner or Beneficiary

Address Where You Want the Bond Sent

Street/Rural Route/P.O. Box
City, State, 9-digit Zip Code

Privacy Act Statement: In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate the type of bond member requested. Routine Use(s) - Updating Bond information. Disclosure - Disclosure is voluntary.	Member's Signature	Date:
	PERSRU Use Only	
	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2070 (Rev. 4-00)	<h1 style="margin: 0;">TDY TRAVEL REQUEST WORKSHEET</h1>					
SSN	Name (<i>Last, First, MI</i>)					
GRADE/RATE	DIV/BRANCH	OFFICE PHONE NUMBER				
PURPOSE: To request TDY Travel Orders and desired advances. If you have any questions, CONTACT YOUR UNIT ADMIN OFFICE.						
PRIVACY ACT STATEMENT: IAW 5 USC Sec. 522a(e)(3), the following is provided when supplying personal information to the U.S. Coast Guard: <ul style="list-style-type: none"> ◆ Authority - 10 USC Section 2771. ◆ Principal Purpose - Used to indicate member's intentions during TDY travel. ◆ Routine Uses - Same. ◆ Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive advances. 						
*****ATTACH A COPY OF AUTHORITY FOR TDY*****						
<u>ATTN:</u> TDY for Advanced or Specialized Training requires that a member meet the obligated service requirement as expressed by Section 2.B.1.a.(4) of the Training & Education Manual (COMDTINST M1500.10B).						
Do you meet the obligated service requirements for these orders? (<i>Check One</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO						
Enter Travel Order Number (TONO) and accounting data: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
DEPARTURE DATE: _____ RETURN DATE: _____ EST. DAYS ABSENT: _____ DESTINATION: _____ PURPOSE OF TDY (specify type of training or meeting): _____						
<input type="checkbox"/> I request leave. Date to begin LV _____ Enter LV amount _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">LEAVE ADDRESS</th> <th style="width: 30%;">PHONE#</th> </tr> <tr> <td style="height: 60px;"></td> <td></td> </tr> </table>		LEAVE ADDRESS	PHONE#		
LEAVE ADDRESS	PHONE#					
Traveler's Mode of Transportation:						
	GOVERNMENT CONVEYANCE					
	PRIVATELY OWNED VEHICLE (POV)					
	COMMERCIAL AIR: PRICE OF TICKET \$ _____					
	GOVERNMENT PROCURED TRANSPORTATION					
	RENTAL CAR: PRICE OF RENTAL CAR \$ _____					

Continued on reverse ®

REQUEST FOR ADVANCES**YES****NO**

DO YOU HAVE A GOVERNMENT CHARGE CARD?

IS GOVERNMENT QUARTERS USE DIRECTED?

IS GOVERNMENT MESSING USE DIRECTED?

WOULD YOU LIKE ADVANCE PER DIEM?
(IF YES, AMOUNT \$_____)

MEMBER'S COMMENTS:

DATE

MEMBER'S SIGNATURE

SUPERVISOR'S COMMENTS:

DATE

SUPERVISOR'S SIGNATURE (Does member meet weight requirements IAW COMDTINST M1020.8(Series)

Yes No (if no, refer to COMDTINST M1020.8 for guidance)

DATE

SIGNATURE OF FUNDS APPROVING OFFICIAL (if applicable)

DATE

APPROVING OFFICIAL'S SIGNATURE

For PERSRU/Unit Administration Use Only

a. Lodging Rate: \$_____

b. M&IE Rate: \$_____

c. Days TDY: _____

d. Total Per Diem Cost: (a+b)c \$_____

e. Airfare: \$_____

f. Rental Car or Local Travel: \$_____

g. Total: \$_____

Orders completed. Date _____

Leave (if requested) recorded on CG-2519. Date _____

Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-5100 (Rev. 03-97)		OFFICER UNIFORM ALLOWANCE CLAIM WORKSHEET	
1. SOCIAL SECURITY NUMBER		2. FULL NAME, (Last, First, MI)	
		3. RATE/RANK	
		4. ELIGIBILITY DATE	
6. Claim Code Check the correct block			
<input type="checkbox"/>	A	Initial uniform allowance for reservists only. Those officers commissioned upon completion of Aviation Officer Candidate School and those limited duty officer aviator candidates commissioned upon completion of all flight training.	\$100
<input type="checkbox"/>	B	Initial uniform allowance for reservists only. The officer has not already received the initial uniform allowance and meets one of the following: 1. Has reported for AD (other than training) for a period in excess of 90 days including authorized travel time; or 2. Has completed not less than 14 days of AD or ADT; or 3. Has completed 14 periods, of not less than 2 hours duration each, of inactive duty training in Ready Reserve status.	\$200
<input type="checkbox"/>	C	Initial uniform allowance for reservists only. The officer has transferred from another reserve component of the Armed Forces where a different uniform was required.	\$200
<input type="checkbox"/>	D	Initial uniform allowance for all regular officers and for those reserve officers who have recently graduated from OCS and are currently on active duty for a period in excess of 139 days. An officer is entitled to an initial uniform allowance upon first appointment as an officer (temporary or regular) or as a permanent warrant officer.	\$200
<input type="checkbox"/>	E	Additional active duty uniform allowance for reserves only. The reserve officer is entering on AD or ADT for more than 90 days or has been on continuous AD or ADT for more than 90 days and 2 years have elapsed since receipt of an initial reimbursement or allowance in excess of \$200 or 2 years have passed since the last period of AD or ADT for more than 90 days.	\$100
<input type="checkbox"/>	F	Uniform maintenance allowance for reserves only. This allowance was discontinued on 29 November 1990. Claims for this allowance must have an eligibility date that is prior to this date. This allowance was payable to a reserve officer each time the officer completed a 4 year period of satisfactory service. See paragraph 3-J-4 of the USCG Pay Manual to determine what constitutes satisfactory service.	\$50
Privacy Act Statement: In accordance with 5 USC 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate amount of Officer Uniform Allowance. Routine Use(s) - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member will not be properly reimbursed.			
7. Signature of claimant			8. DATE
Command Approval		Date:	For PERSRU Use Only
			Action Completed Date:
			Initials:

Reverse blank

Department of Transportation U. S. Coast Guard CG HRSIC-7210 (03-97)	<h2 style="margin: 0;">DESIGNATION AS PAYMENT APPROVING OFFICIAL (PAO)</h2>				
Section 1 -- Member Information Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 15%;"> Last First MI </div> Grade: _____ SSN: _____ Official Duty Station: _____ _____ _____ DD-OFPAC-RU: _____ _____ SDA-II User ID: _____ _____					
Statement of Responsibility and Liability: <p>PERSRU officials (PAO) having access to the review and approval module in SDA-II shall become knowledgeable in the matters of the document being signed. The PAO shall ensure documents are properly and carefully audited before certification and not signed as just a matter of formality. The PAO shall not compromise system integrity by revealing personal passwords.</p> <p>The PAO is fully accountable to the Coast Guard and may be found liable for erroneous or improper payments until properly relieved of accountability. Personal monetary liability, adverse personal evaluation, and or further administrative or disciplinary actions may result if found negligent in the performance of PAO duties.</p> Member Signature: _____					
Section 2 -- Command Designation <p>The member above is designated as a PAO for the listed PERSRU. By his/her signature in Section 1, they certify agreement to the statements made under responsibilities and liability.</p> Commanding Officer (or designee) Signature: _____ _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">Last, First, MI</td> <td style="width: 15%; border-bottom: 1px solid black;">Rank</td> <td style="width: 20%; border-bottom: 1px solid black;">Title</td> <td style="width: 30%; border-bottom: 1px solid black;">Telephone No.</td> </tr> </table>		Last, First, MI	Rank	Title	Telephone No.
Last, First, MI	Rank	Title	Telephone No.		
Section 3 -- HRSIC Validation/Designation Above information reviewed by: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">Last, First, MI</td> <td style="width: 15%; border-bottom: 1px solid black;">Rank</td> <td style="width: 20%; border-bottom: 1px solid black;">Title</td> <td style="width: 30%; border-bottom: 1px solid black;">Telephone No.</td> </tr> </table> Approved: _____ Disapproved: _____ Signature: _____		Last, First, MI	Rank	Title	Telephone No.
Last, First, MI	Rank	Title	Telephone No.		
Section 4 -- Termination/HRSIC notification <p>PAO duties are automatically terminated with a permanent transfer out of the PERSRU, including any inter-unit transfer, or when terminated by other competent authority.</p> <p>Above member's PAO authorizations are terminated</p> Effective Date: _____ Reason: _____ (PCS, UCMJ, etc.) Commanding Officer (or designee) Signature _____ <div style="text-align: center; margin-top: 10px;"> Last, First, MI Rank, Title </div> Send copy of termination to HRSIC (MAS)					

Reverse Blank